



Branch
 Br. Code Customer ID
 Account No.

Account Opening Form (SB / CD / TD) - Individual

Type of Account

I / We request you to open a SB (Savings) / CD (Current) / TD (Term Deposit) account as under;

SB Privilege SB Youth Plus SB Mahila SB Junior SB Basic
 Other SB, please specify
 CD Smart CD General Other CD, please specify
 TD - KND Cumulative FD RD Fast Cash Flexi Deposit
 Other TD, please specify

Mode of operation

Mode of operation Self Jointly Either or Survivor Former or Survivor
 Guardian, till majority Minor (no chq book) Other, please specify

Nomination

Nomination required Yes (Please fill form DA-1) No

Deposit Details

Domestic NRE NRO FCNR RFC
 Deposit Amount Currency
 in words
 Period of Term Deposit Days Months
 Interest payment frequency (M / Q / Y)
 A/C for principal Dr. / interest Cr.
 On Maturity: Renew Principal and Interest Renew Principal Auto closure
 Mode of Remittance Cash Transfer from A/C RTGS/NEFT
 Chq/DD No. Date Bank

Account Holders

1st holder Name

 Customer ID Type of holder.....

 Signature Signature Signature

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2nd holder Name

Customer ID Type of holder.....

3rd holder Name

Customer ID Type of holder.....

KIOSK Accounts

KIOSK Ref No.

Channel Request

I. Anywhere Banking Facility required Yes. If yes, ABB Category No

No. of ABB cheque books (25 leaf) required..... Special print request

II. ATM cum Debit Card required Yes. If yes, Preferred variant No

Name to be printed

PIN preference Green PIN (self creation at ATM) PIN Mailer (sent to branch)

III. Internet Banking required Yes No (If Yes, Please fill separate form)

IV. Mobile Banking (SIB M-Pay) required Yes No (If Yes, Please fill separate form)

V. SMS Alerts required on Mobile Yes No

Account balance falls below Account balance goes above

Remittance equal to or above Withdrawal equal to or above

Credit of a specific amount of Debit of a specific amount of

Cheque book issue alert Deposit Maturity alert Loan Installment alert

Prefer not to receive alert between (Indian Time) : and :

1st holder's Address

1st holder's address (Please fill separate KYC forms for each holder)

..... City

State..... PINCountry

Email

Mobile / Tel

Signature

Signature

Signature

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I / We authorise you to link Aadhaar No.

to my/our account for subsidies & for using aadhaar and biometric for aadhaar authentication service, E-KYC.

Credit Facilities

I / We are not enjoying any credit facilities from the banking system

I / We are enjoying credit facilities from the banking system, as listed in our enclosed letter. The NOCs from the lenders (applicable for current accounts) are also enclosed.

Introduction

I / We confirm that I/we personally know the applicant/s for more than Months and confirm his / her / their identity and address as stated above.

Name (Customer ID) and Signatureof Introducer

Thumb impression Witnessing

Thumb impression of 1st / 2nd / 3rd (Strike off whichever is not applicable) holder affixed in my /our presence.

Signature of Witness 1 Signature of Witness 2

Name Name

Address..... Addres.....

.....

Mobile / Tel Mobile / Tel

General Declaration

I/We have read and understood all the pages in the application form and KYC form. I/We hereby declare that the above information provided by me/us is true to the best of my/our knowledge and belief, and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. I/We would like to share my/our personal / KYC details with Central KYC Registry, tax authorities / regulators both local and foreign.

I/We agree to comply with and be bound by RBI rules and Bank's rules and regulations and terms and conditions regarding the conduct of the account. I/We have received a copy and read and understood / has been explained to me/us, the terms and conditions including minimum balance rules, charges, authorizations, etc. related to the Account and channel facilities / technology products, and undertake to abide by the said rules. I/We also acknowledge that the Bank may from time to time change the same. The latest terms and conditions published in the website of the Bank, www.southindianbank.com and/or made available in branch premises, is sufficient notice to me/us. I/We also authorize the Bank to debit any charges in the account(s) related to the account(s) or the value added services. I/We agree and understand that the Bank reserves the right to reject any application, or stop any of the services, without assigning any reason. I/We also understand that if we refuse to comply with any requirement or make unsatisfactory compliance therewith, the Bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention / evasion is contemplated by me/us report the matter to RBI / appropriate authorities. I/We understand that the bank may at any time without notice to me/us combine and consolidate all or any of my/our account(s) and set off or transfer any sum or sums standing to the credit of any one or more of such account(s) in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. If by error overdraft is created in my/our account, I/We undertake to pay the same with applicable rates of interests. If by mistake, the bank credits cash / cheques pertaining to other customers to my/our account(s), I/We undertake to inform the bank of the same and refund the same with interest and without any demur.

I/We declare that I/We am/are aware of the advantages of nomination / benefits of nomination were explained to me/us.

Signature

Signature

Signature

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Purpose of account

Purpose of account

Line of business

Any other information / status

..... SIB Staff; if so, mention PPC No.

Minor's accounts (Required only in cases of guardian operating the Minor's account)

Source of funds : Self funds / Minor's funds (strike off whichever is not applicable)

I declare that the withdrawals from the account will be made only for utilizing the amount for the benefit of the minor. I shall indemnify the bank against the claim of the above minor/s for any transaction/withdrawal made by me in his/her account.

Signature of guardian

Mandate in joint accounts with survivor clause (Required only in case of Term / Fixed deposits)

The bank may on receipt of a written application from any one of us or survivor(s), subject to the terms and conditions as the bank may stipulate,

- grant loans/advances against proceeds of the term deposit in our joint names [with Either or survivor / Former or survivor mandate]
make premature payment of the proceeds of the deposit to any one of us or survivor(s)

Signature box

Signature

Signature box

Signature

Signature box

Signature

Place

Date

Office Use

Canvassed by PPC

CRM Lead ID

Nomination No.

Signature of Officer box

Signature of Officer (Sign Code.....)

Signature of Branch head box

Signature of Branch head (Sign Code.....)