

To

The South Indian Bank Ltd

Demat Centre

SIB Building, Market Road

Ernakulam – 682 035

Demat Application Check list

1. Whether applicant is an SB/CD holder in SIB?
2. Introduction by Bank official done on 2nd Page?
3. Photograph of all the applicants affixed and signed across?
4. Proof of Identity and Address (Voter's ID, PAN card, Driving License, Passport, and Bank Statement etc.) of the applicant produced and a certified copy of the same attached with the application?
5. Telephone bill / Electricity bill attached (if any) in support of address proof is of within 2 months?
6. Verified address proofs supporting both correspondence address and permanent address are enclosed (if they are different)?
7. Bank Statement of the applicant and a Cancelled cheque leaf attached?
8. All documents attached with the application are verified and stamped by branch official and self attested by applicant?
9. Signatures are affixed by applicants in all the pages marked 'X' (8 places) in black ink preferably and witnessed wherever necessary (2 witnesses in nomination form and two witnesses in the last page of agreement) ?
10. Date of Stamp paper attached is within 6 months and of value Rs.100 minimum or as per state rules for agreement.
11. All the columns in the application filled and also the data entry done in system are in Block letters.
12. Bank MICR code IFSC code and account number in 16 digit format are entered properly in application form and system?
13. Identity of Applicant is verified 'In Person' Documents have been verified with original. For the South Indian Bank Ltd, Depository Participant. Whether the seal in this format is affixed on Pan Card copy and application form 2nd page

Authorized Signatory

For Corporate accounts Memorandum and articles of Association & Certificate of Incorporation, Certified true copy of the Board resolution, duly certified by MD /Company secretary specifying name of authorized persons

We hereby confirm that we have verified all the documents with original and the identity of the applicant is verified in person

Depository Participant

Authorised Signatory



Demat Centre, SIB Building, Ernakulam- 682035
 IP No. 3024, Tel/Fax: 0484-2351923, Toll free 1800-843-1800
 E-mail: demat@sib.co.in Website: http://www.southindianbank.com



Application Form for Opening a Demat Account

(For entities other than Individuals)

(To be filled by the Depository Participant)

| | | | | | | | | | | | | | | | | | | |
|---------------------------|---|------|---|---|---|---|---|---|-----------|---|---|--|--|--|--|--|--|--|
| Application No. | | Date | | | | | | | | | | | | | | | | |
| DP Internal Reference No. | | | | | | | | | | | | | | | | | | |
| DP ID | 1 | 3 | 0 | 2 | 7 | 9 | 0 | 0 | Client ID | 0 | 0 | | | | | | | |

(To be filled by the applicant in **BLOCK LETTERS** in English)
 I / We request you to open a Demat Account in my /our name as per the following details: -

| | | | | | | | | | | | | | | | |
|--|--|---------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name | | | | | | | | | | | | | | | |
| Search Name | | | | | | | | | | | | | | | |
| Correspondence Address | | | | | | | | | | | | | | | |
| City | | State | | | | | | | | | | | | | |
| Country | | PIN | | | | | | | | | | | | | |
| Telephone No. | | Fax No. | | | | | | | | | | | | | |
| PAN | | | | | | | | | | | | | | | |
| E-mail ID | | | | | | | | | | | | | | | |
| Registered Office address (if different from Correspondence Address) | | | | | | | | | | | | | | | |
| City | | State | | | | | | | | | | | | | |
| Country | | PIN | | | | | | | | | | | | | |
| Telephone No. | | Fax No. | | | | | | | | | | | | | |
| E-mail ID | | | | | | | | | | | | | | | |

Other Holders – Second Holder Details

| | | | | | | | | | | | | | | | |
|-----------------------|--|--|---|---|---|------------|---|---|---|--|--|--------|--|--|--|
| First Name | | | | | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | | | | | |
| Last Name | | | | | | | | | | | | | | | |
| Father / Husband Name | | | | | | | | | | | | | | | |
| Title | | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other | | | | | | | | | | Suffix | | | |
| Permanent Address | | | | | | | | | | | | | | | |
| City | | State | | | | | | | | | | | | | |
| Country | | PIN | | | | | | | | | | | | | |
| PAN | | | | | | | | | | | | | | | |
| Date Of Birth | | D | D | M | M | Y | Y | Y | Y | | | | | | |
| E-mail ID | | | | | | | | | | | | | | | |
| Telephone no. | | Fax No. | | | | Mobile No. | | | | | | | | | |

Other Holders – Third Holder Details

| | | | | | | | | | | | |
|-----------------------|--|---|---|---|---|---|---------|---|------------|---|---|
| First Name | | | | | | | | | | | |
| Middle Name | | | | | | | | | | | |
| Last Name | | | | | | | | | | | |
| Father / Husband Name | | | | | | | | | | | |
| Title | <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other | | | | | | Suffix | | | | |
| Permanent Address | | | | | | | | | | | |
| City | | | | | | | State | | | | |
| Country | | | | | | | PIN | | | | |
| PAN | | | | | | | | | | | |
| Date Of Birth | D | D | M | M | Y | Y | Y | Y | Y | Y | Y |
| E-mail ID | | | | | | | | | | | |
| Telephone no. | | | | | | | Fax no. | | Mobile no. | | |

Type of account (Please tick whichever is applicable)

| Status | | | | | | | | | | | Sub – Status | | | | | |
|--|--|---|---|---|---|---|------------------------|---|---|---|--|---|---|---|---|---|
| <input type="checkbox"/> Body Corporate <input type="checkbox"/> Banks <input type="checkbox"/> Trust <input type="checkbox"/> Mutual Fund <input type="checkbox"/> OCB <input type="checkbox"/> FII <input type="checkbox"/> CM <input type="checkbox"/> FI <input type="checkbox"/> Clearing House <input type="checkbox"/> Other (Specify) | | | | | | | | | | | To be filled by the DP | | | | | |
| Date of Incorporation | D | D | M | M | Y | Y | Y | Y | Y | Y | | | | | | |
| SEBI Registration No. (If Applicable) | | | | | | | SEBI Registration date | | D | D | M | M | Y | Y | Y | Y |
| ROC Registration No. (If Applicable) | | | | | | | ROC Registration date | | D | D | M | M | Y | Y | Y | Y |
| RBI Registration No. (If Applicable) | | | | | | | RBI Approval date | | D | D | M | M | Y | Y | Y | Y |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) | | | | | | | | | | | | | | | |
| I / We authorize you to receive credits in my / our account without any instruction from me / us. | | | | | | | | | | | [Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| Account Statement Requirement | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly | | | | | | | | | | | | | | | |

| | |
|--|--|
| Do you wish to receive dividend / interest directly in to your bank account given below through ECS? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|--|

Bank Details [Dividend Bank Details]

| | | | | | | | | | | | | | | | |
|-------------------------------|--|--|--|-------|--|---------|--|--|-----|--|--|--|--|--|--|
| Bank Code (9 digit MICR code) | | | | | | | | | | | | | | | |
| Bank Name | | | | | | | | | | | | | | | |
| Branch | | | | | | | | | | | | | | | |
| Bank Address | | | | | | | | | | | | | | | |
| City | | | | State | | Country | | | PIN | | | | | | |
| Account number | | | | | | | | | | | | | | | |
| Account type | <input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) | | | | | | | | | | | | | | |

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
- (ii) Photocopy of the Bank Statement having name and address of the BO and not more than 4 months old, (or)
- (iii) Photocopy of the Passbook having name and address of the BO, (or)
- (iv) Letter from the Bank.
 - > In case of option (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document and it should be self-certified by the BO.

For OCBs

| | | | | | | | | | | | |
|-----------------|--|--|--|--|--|--|---------|--|--|--|--|
| Foreign Address | | | | | | | | | | | |
| City | | | | | | | State | | | | |
| Country | | | | | | | PIN | | | | |
| Telephone No. | | | | | | | Fax No. | | | | |
| E-mail ID | | | | | | | | | | | |
| Indian Address | | | | | | | | | | | |
| City | | | | | | | State | | | | |

| | | | | | | | | |
|-------------------|--|-------------------|---|---|---|---|---|---|
| Country | | PIN | | | | | | |
| Telephone No. | | Fax No. | | | | | | |
| E-mail ID | | | | | | | | |
| Currency | | | | | | | | |
| RBI Reference No. | | RBI Approval Date | D | D | M | M | Y | Y |

Clearing Members Details (To be filled by CMs only)

| | |
|----------------------------|--|
| Name of the Stock Exchange | |
| Name of the CC / CH | |
| Trading Id | |
| Clearing Member ID | |

| | |
|---|-------|
| Name * | _____ |
| * In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above. | |

Additional Details

| | | | |
|---------------------------|-------------------------------|---|-----------------------------|
| SMS Alert Facility | <input type="checkbox"/> Yes | MOBILE NO. +91 _____ Refer to Terms & Conditions given as Annexure - 2.4 | <input type="checkbox"/> No |
| <i>easi</i> | <input type="checkbox"/> Yes. | If yes, please contact your DP for details [Facility through CDSL's website: www.cdslindia.com wherein a BO can view his ISIN balances, transactions and value of the portfolio online.] | <input type="checkbox"/> No |

| | |
|---|--|
| Details For Joint Second Holder | |
| Date of Birth | D D M M Y Y Y Y |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate |
| Occupation | Service <input type="checkbox"/> Statutory Body <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired |
| Nature of business: (Products / services provided) | |

| | |
|---|--|
| Details For Joint Third Holder | |
| Date of Birth | D D M M Y Y Y Y |
| Nationality | <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify) |
| Sex | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Corporate |
| Occupation | Service <input type="checkbox"/> Statutory Body <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Retired |
| Nature of business: (Products / services provided) | |

I/We have read the DP-BO agreement (DP-CM agreement for BSE Clearing Member Accounts) including the schedules thereto and the terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

I/We agree to the following Charges to be collected from my/our operative SB/CD A/c .1Annual maintenance Rs 1000 plus service tax 2 Dematerialisation Rs75/Co/upto 2 certificates 3.Debit Transactions Rs 25 each .I/We agree for the periodic revisions also.

Signature of 1 Holder

Signature of 2nd Holder

Signature of 3rd Holder

| | First / Sole Authorised Signatory | Second Authorised Signatory | Third Authorised Signatory |
|--------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| Name | | | |
| Designation | | | |
| Signature | | | |
| Passport size Photograph | (Please sign across the photograph) | (Please sign across the photograph) | (Please sign across the photograph) |

(Perforated Card)

| DP ID | | | | | | | | Client ID | | | | | | | |
|--------------------|----------------------------|-----------------------------|----------------------------|--|--|--|--|-----------|--|--|--|--|--|--|--|
| | First Authorised Signatory | Second Authorised Signatory | Third Authorised Signatory | | | | | | | | | | | | |
| Name | | | | | | | | | | | | | | | |
| Specimen Signature | | | | | | | | | | | | | | | |

===== (Please Tear Here) =====

Acknowledgement Receipt

Application No.:

Date:

| |
|--|
| We hereby acknowledge the receipt of the Account Opening Application Form: |
| Name of the Sole / First Holder |
| Name of Second joint Holder |

Name of Third joint Holder

Depository Participant Seal and Signature

Agreement between A Participant and A Person Seeking to Open a Beneficial Owner’s Account

This agreement made and entered into at thisday ofbetween
The South Indian Bank Ltd., having his/its office/ at .SIB Building, Market Road, Ernakulam -682035,herein-after called “**the participant**” of the One Part, AND (description of the legal entity) having his/its office/Regd Office address at, hereinafter called “**the Beneficial owner**” of the Other Part.

WHEREAS the Beneficial Owner is desirous of opening of a beneficial owner’s account with the participant and the participant has agreed to open an account in the name of Beneficial Owner as a participant, on the terms and conditions recorded herein below:

NOW THIS AGREEMENT WITNESSETH AND IT IS HEREBY AGREED BY AND BETWEEN THE PARTIES HERETO AS FOLLOWS::

General Clauses

- 1 The parties hereto agree to abide by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996. Bye Laws and Operating Instructions issued by CDSL from time to time in the same manner and to the same extent as if the same were set out herein and formed part of this Agreement.

Fees, Charges and Deposits

- 2 The Participant shall be entitled to change or revise the fees, charges or deposits from time to time provided however that no increase therein shall be effected by the Participant unless the Participant shall have given at least one month’s notice in writing to the Beneficial Owner in that behalf. In case the Beneficial Owner committing a default in the payment of any such amount payable to the Participant on their respective due dates or within fifteen days of the same being demanded (where no such due dates is specified), the Participant shall be entitled to charge interest on the amount remaining outstanding or unpaid (not exceeding 185) per annum or part thereof. On such continued default, the Participant after giving two days notice to the Beneficial Owner shall have a right to stop proceeding of instructions of Beneficial Owner till such time he makes the payment along with interest if any.

Statement of Account

- 3 The Participant shall furnish to the Beneficial Owner a statement of his/its account at the end of every month if there has been even a single entry or transaction during that month, and in any event once at the end of each (quarter) . Such statement shall be in the form specified in the Operating Instructions. . The participant shall furnish such statements at such shorter periods as may be required by the Beneficial Owner on payment of such charges by the Beneficial Owner as may be specified by theParticipant.

The Beneficial Owner shall intimate change of particulars

- 4 The Participant shall not be liable or responsible for any loss that may be caused to the Beneficial Owner by reason of his/its failure to intimate change in the particulars furnished to the participant from time to time, unless notified by the Beneficial Owner.

Participant not liable for claims against Beneficial Owner

- 5 CDSL shall not be liable to the Beneficial Owner in any manner towards losses, liabilities and/or expenses arising from the claims of third parties or for any fees, charges, taxes, duties, levies or penalties levied, imposed or demanded by any central, state or revenue authority in respect of securities credited to the Beneficial Owner account.

Authorised Representative

6. Where Beneficial Owner is a body corporate or legal entity, it shall, simultaneously with the execution of the agreement furnished to the Participant, a list of officials authorised by it, who shall represent and interact on its behalf with the participant. Any change in such list including addition, deletions or alterations thereto shall be forthwith communicated to the Participant.

Signature of Bank official Signature of I Holder Signature of II Holder Signature of 3 rd Holder

Closure of Account

7. The Beneficial Owner, may,, at any time terminate this agreement by calling upon the Participant to close his/its account with the Participant in the manner and on the terms and conditions set out in the Bye Laws and the procedure laid down in the Operating Instructions. In the event of termination of this agreement the Beneficial Owner shall either get the securities transferred to some other account or get the same re- materialised.

Stamp Duty

8 Any stamp duty (including interest or penalty levied thereon) payable on the agreement and/or on any deed, document or writing executed in pursuance hereof between the parties hereto shall be borne and paid by the Beneficial Owner.

Force Majeure

9. Notwithstanding any thing contained herein or in the Bye Laws, neither party hereto shall be liable to indemnify or compensate the other for any breach, nonperformance or delay in performance of any obligations under the agreement or for any harm, loss, damage or injury caused to the other due to causes reasonably beyond its control including but not limited to tide, storm, cyclone, flood, lightning, earthquake, fire, blast, explosion or any other act of God, war, rebellion, revolution, insurrection, embargo or sanction, blockade, riot civil commotion, labor action or unrest including strike, lock-out or boycott, interruption or failure of any utility service, enemy action, criminal conspiracy, act of terrorism or vandalism, sabotage or intrusion or any other irresistible force or compulsion.

Service of Notice

10. Any Notice or communication required to be given under the Agreement shall not binding unless the same as in writing and shall have been served by delivering the same at the address set out hereinabove against a written acknowledgment of receipt thereof or by sending the same by pre-paid registered post at the aforesaid address or transmitting the same by facsimile transmission, electronic mail or electronic data transfer at number or address that shall have been previously specified by the party to be notified. Notice given by personnel delivery shall be deemed to be given at the commencement of business of the recipient of the notice on the third working day next following its posing. Notice sent by facsimile transmission, electronic mail or electronic data transfer shall be deemed to be given at the time of its actual transmission.

Arbitration

11 The parties hereto shall, in respect of all disputes and differences that may arise between them, abide by the provisions relating to arbitration and conciliation specified under the Bye Laws.

Jurisdiction

12 The parties hereto agree to submit to the exclusive jurisdiction of the courts in Thrissur.

Governing Law

13. The Agreement shall be governed by and construed in accordance with the laws in force in India.

IN WITNESS WHEREOF the parties hereto have hereunto set and subscribed their respective hands/seals to this Agreement in duplicate on the day, month, year, and place first hereinabove mentioned.

| | | |
|--|---|-------------|
| SIGNED AND DELIVERED) by the within named the Participant) South Indian Bank) by the hand of its authorised representative) Shri./Smt.....) | Signature of DP Official with signature code & seal | X |
| in the presence of 1 witness Name & Short address | Signature of witness | X |
| SIGNED AND DELIVERED) by the within named the Beneficial Owner) Shri./Smt.....) | Signature of BO Signature of 2 nd Holder Signature of 3 rd Holder | X X X |
| in the presence of 2nd witness Name & Short Address) | Signature of witness | X |