

To

Demat Centre, Marketing Department
South Indian Bank
Ernakulam

Received Seal

Demat Application Check list

YES

1. Whether applicant is an SB/CD holder in SIB and introduced by Bank official on 3rd page?
 2. Photograph (passport size 3.5x3.5 cm) of all the applicants affixed and signed across?
 3. Proof of Identity (PAN Card copy self attested by Br with seal as per format in No 12 below) of the applicant attached with the application?
 4. Whether Telephone bill / Electricity bill attached (if any) in support of address proof is of within 2 months from bill date?
 5. Verified address proofs supporting both correspondence address and permanent address are enclosed (voter's id card/Driving Licence/Passport, Latest Tel Bill/Electricity Bill within 2 months).
For NRI Repatriable (Passport/International Driving licence Mandatory) &
For NRI Non Repatriable (Proof of Indian Address Mandatory)
 6. SB/CD a/c Statement of the applicant with at least one transaction and a Cancelled cheque leaf attached?
 7. All documents attached with the application are self attested verified and stamped by branch official with seal as verified with original?
 8. Signatures are affixed by applicants in all the pages marked 'X' (10 places) and Bank DP Official marked 'Y' (8 places) in black ink preferably and witnessed wherever necessary (2 witnesses in nomination form and two witnesses on the 10th page of agreement)?
 9. Date of Stamp paper attached is within 6 months and of value **Rs.100** minimum or as per state rules for agreement?
 10. All the columns in the application filled and also the data entry done in system are in Block letters?
 11. Bank MICR code, IFSC code and account number in 16 digit format are entered properly in application form and system?
 12. Identity of the applicant is verified 'In Person'. Documents have been verified with original.
- For The South Indian Bank Ltd Whether the seal in this
Depository Participant format is affixed or not.

Authorised Signatory

Check list verified and complied all instructions

Depository Participant

Authorised Signatory



Demat Centre, Marketing Dept. Ernakulam - 682035
 Tel/ Fax: 0484-2351923 Toll free 1800-843-1800
 E-mail: demat@sib.co.in Website: http://www.southindianbank.co.in

Designated Branch seal



Application Form for Opening a Demat Account

Individual **NRI** **Foreign National**

(To be filled by the Depository Participant)

Reference 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: -

Sole / First Holder's 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"/> Others												Suffix							
Correspondence Address																				
City											State									
Country											PIN*									
Telephone No.											Fax No.									
PAN / GIR No.																				
IT Circle Ward / District																				
E-mail ID																				
MAPIN Code																				

Permanent Address (if different from Correspondence Address)																				
City											State									
Country											PIN*									
Telephone No.											Fax No.									
E-mail ID																				

Joint Holders – Second Holder's 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 / GIR No.																				
IT Circle Ward / District																				
Date Of Birth	D	D	M	M	Y	Y	Y	Y												
E-mail ID																				
MAPIN Code																				

Joint Holders – Third Holder's 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"/> Others												Suffix						

Permanent Address									
City					State				
Country					PIN*				
PAN / GIR No.									
IT Circle Ward / District									
Date Of Birth		D	D	M	M	Y	Y	Y	Y
E-mail ID									
MAPIN Code									

Type of Account (Please tick whichever is applicable)*

Status	Sub – Status		
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP	
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI – Depository Receipts	<input type="checkbox"/> NRI Non – Repatriable <input type="checkbox"/> Others	<input type="checkbox"/> NRI Repatriable Promoter
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National - Depository Receipts	<input type="checkbox"/> Others

I/We instruct the DP to receive each and every credit in my/our account	Automatic Credit <input type="checkbox"/> Yes <input type="checkbox"/> No.
---	--

Account Statement Requirement	Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/>
-------------------------------	--

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

Bank Details

Bank Code (9 digit MICR Code)			
Bank Name	South Indian Bank		
Branch			
Bank Address			
City	State	PIN	
Account number			
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Cash Credit		

I/We have read the terms & conditions DP-BO agreement 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 agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. 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. The transaction statements and holding statements may please be provided to me in electronic form

	First \ Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures 1	X1		

Passport size Photograph	2	X2 (Please sign across the photograph) 3.5x3.5 cm	(Please sign across the photograph) 3.5x3.5 cm	(Please sign across the photograph) 3.5x3.5 cm
--------------------------	---	--	---	---

(Signatures should be preferably in black ink) (In case minor holder, photograph of guardian has to affixed along with minor's photograph)

Identity of Applicant is verified 'In Person' Signatures affixed in my presence Valid proof of identity Documents have been verified with original.

For the South Indian Bank Ltd,

Y1

Manager/Asst Manager

Details of introduction by an Bank Official		
Name / Designation	.	
Bank Name / Branch		
Signature under stamp of the bank	Y2	Employee Code

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 First 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
Occupation	_Service <input type="checkbox"/> Statutory Body} <input type="checkbox"/> Professional <input type="checkbox"/> Business <input type="checkbox"/> Student _-others <input type="checkbox"/> Retired
Nature of business: (Products / services provided)	
Financial Details:	Income Range per annum: <input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs.1,00,001 to Rs.2,00,000 <input type="checkbox"/> Rs.2,00,001 to Rs.5,00,000 <input type="checkbox"/> More than Rs.5,00,000
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 others
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 others									
Nature of business: (Products / services provided)										

Details of Guardian (If sole holder is a minor)

First Name										
Middle Name										
Last / Search Name										
Relationship with the applicant										
Correspondence Address										
City				State						
Country	PIN									
Telephone No.	Fax No.				Mobile No.					
PAN										
E-mail ID										

For NRIs

Foreign Address										
City				State						
Country				P.O BOX						

I/We hereby declare that we have given the complete residential address as given above and we shall be informing the DP in case of any change in our address in future.

FEMA Declaration:

I/We have complied with, and will continue to comply with FEMA Regulations and other applicable laws.

(Specimen Signature Card)

(To be filled by the Depository Participant)

DP ID										Client ID							
-------	--	--	--	--	--	--	--	--	--	-----------	--	--	--	--	--	--	--

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signatures 3	X3	X	X

I/We agree to the following Charges to be collected from my/our operative SB/CD A/c .1.Annual maintenance Rs 200 plus service tax 2.Dematerialisation Rs75/Co/upto 2 certificates 3.Debit Transactions Rs 25 each .I/We agree for the periodic revisions also.

X4

Signature of 1 Holder

Signature of 2nd Holder

Signature of 3rd Holder

Nomination Form

(Nomination is compulsory)

(Nominee Photo, optional)

To,
The South Indian Bank Ltd., Demat Centre, HO: Marketing Dept., Thrissur – 680 001

Dear Sir/ Madam,

I/We the sole holder / Joint holders /Guardian (in case of minor) hereby nominate the following person who is entitled to receive security balances lying in my / our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details																			
DP ID										Client ID									
Name of the Sole / First Holder																			
Name of Second Holder																			
Name of Third Holder																			
Nominee details																			
First Name																			
Middle Name																			
Last Name																			
Address																			
City																			
Country																			
Telephone No.																			
E-mail ID																			
Relationship with BO (If any)																			
Date of birth (If nominee is a minor)																			

As the nominee is a minor as on date, I/We appoint following person to act as guardian:

First name													
Middle name													
Last name													
Address													
City													
Country													
Age													

to receive the securities in this account on behalf of the nominee in the event of the death of the Sole holder / all Joint holders. This nomination is in accordance with the **section 109 A of the companies act, 1956**, and shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place:..... Date:.....

	First/Sole Holder	Second Holder	Third Holder
Name			
Specimen Signature	X5		

Note: Two witnesses shall attest signature(s) / Thumb impression(s).

Details of the Witness		
	First Witness	Second Witness
Names of Witness		
Address of witness		
Signature of Witness	X	X

For Depository Participant
Y3 (Authorised Signatory with seal)

ANNEXURE C
**Agreement Between A Participant And A Person Seeking
To Open A Beneficial Owner's Account**

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

Signature X6

Y4 (Signature of DP official)

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

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

General Clause

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 date is specified), the Participant shall be entitled to charge interest on the amount remaining outstanding or unpaid not exceeding 18% 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 processing of instructions of Beneficial Owners till such time he makes the payment along with interest if any.

Signature X7

Y5 (Signature of DP official)

1[*The statement of accounts to be provided to the Beneficial Owner under this Agreement shall be in the form specified in Operating Instructions or as communicated by CDSL from time to time.*] 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 the Participant.

2[3.2 *It is agreed that if a Participant is providing the services of issuing the statement of accounts in an electronic mode and if the Beneficial Owner is desirous of availing such services from the Participant, then the Participant will furnish to the Beneficial Owner the statement of accounts under its digital signature, as governed under the Information Technology Act, 2000. Provided however that in the event of the Beneficial Owner requiring a physical copy of the statement of accounts, despite receiving the same in the electronic mode, then irrespective of having forwarded the same via electronic mode, the Participant shall be obliged to provide a physical copy thereof to the BO.*

3.3 *It is agreed and understood between the parties that if the Participant does not have the facility of providing the statement of account in the electronic mode, then the Participant shall be obliged to forward the statement of account only in physical form.]*

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.

3[**Depository] 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, statutory or revenue authority in respect of securities credited to the Beneficial Owner's account.

Authorised Representative

6. Where the Beneficial Owner is a body corporate or a legal entity, it shall, simultaneously with the execution of the Agreement furnish to the Participant, a list of officials authorized by it, who shall represent and interact on its behalf with

¹ Amended vide SEBI letter no. MRD/DoP/CDSL/VM/155631/09 dated 26.02.09.

² Amended vide SEBI letter no. MRD/DoP/CDSL/VM/155631/09 dated 26.02.09.

³ Amended vide SEBI letter no. MRD/DoP/CDSL/VM/161499/09 dated 24.04.09.

the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Signature X8

Y6 Signature of DP official

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 rematerialized.

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 here to shall be borne and paid by the Beneficial Owner.

Force Majeure

9. Notwithstanding anything contained herein or in the Bye Laws, neither party hereto shall be liable to indemnify or compensate the other for any breach, non-performance 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, labour 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

Any notice or communication required to be given under the Agreement shall not be binding unless the same is in writing and shall have been served by delivering the same at the address set out hereinabove against a written acknowledgement 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 personal delivery shall be deemed to be given at the time of delivery. Notice given by post in accordance with this clause 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 posting. Notice sent by facsimile transmission, electronic mail or electronic data transfer shall be deemed to be given at the time of its actual transmission

Signature X9**Y7 (Signature of DP official)**

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 _____.

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) by the hand of its authorised representative) Shri _____)	(Signature of DP official with signature code & seal) Y8	
in the presence of witness Name & short address	Signature of witness	
SIGNED AND DELIVERED) by the within named the Beneficial Owner) Shri./Smt.....)	Signature of BO X10	
in the presence of witness) Name & Short Address	Signature of witness	

Acknowledgement Receipt

Received nomination request from:

DP ID											Client ID								
Name																			
Address																			
Nomination in favor of																			
Registration No.										Registered on		D	D	M	M	Y	Y	Y	Y

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