



FOR BRANCH USE

Branch :
Code No. :
Customer ID :
A/c. No. :

Fill up/tick mark ✓

DOMESTIC SB: RELATIONSHIP AND ACCOUNT OPENING FORM

Scheme: Ordinary Basic S B Youth Plus Privilege SIB Junior SIB Mahila Any other

Personal Details

1st Applicant Name First Middle Last

Gender: Male Female Date of Birth [][]/[][]/[][][][][][]

Whether Minor: Yes No (If yes please fill up the part "Declaration in case of Minor's account" in page 2)

Occupation: Student Salaried Self employed Business Retired Others

For salaried - Name and address of employer

For Business - Line of Business

Identity proof attached

Photo ID: Passport PAN Card Driving Licence Govt./Defence ID Card Voters ID Card Aadhaar NREA Job Card Others

Permanent Address

Present Address

Pin Code Mobile Tel Res Tel Off Email ID

Address Proof: (submit address proof for all addresses taken on record)

Telephone Bill Electricity Bill Salary Slip Credit Card Statement Others

Please open my SB Account as per details provided herein. For opening of additional deposits, or renewing existing ones, additional instructions will be given.

Joint Holder/s (ATTACH SEPARATE KYC FORM DULY FILLED UP)

Date of Birth

2nd Applicant: M F [][]/[][]/[][][][][][]

3rd Applicant: M F [][]/[][]/[][][][][][]

Mode of Operation: Self Former or Survivor/s Either or Survivor/s Anyone (Name) / Survivor/s

Jointly by and or all By Minor (No Cheque Book will be issued)

By Guardian (till the minor attains majority)

Initial Deposit:

Amount (figures) Amount (words)

Cash Transfer From Account Number RTGS/NEFT

Chq / DD No. Date Bank enclosed.

Value Added Services

I request you to offer me the following services, in my SB account.

I. SIB CARD (GLOBALATM-CUM-DEBIT CARD) Yes No Card Preferred : MASTER CARD (MAESTRO) VISA BOTH

Name to be printed on the Card (Leave a box blank after each word)

Add On Card Required Yes No

Name to be printed on the Add-on Card

II. SIBer NET (INTERNET BANKING) Yes No

Preferred User Id Choice 1 Preferred User Id Choice 2

(All your accounts linked to the customer Id of the SB account will be linked to the service automatically) The user ID should be of fixed character length of 8

III. SIB SMS (SMS Alerts/Inquiry) Yes No Mobile Number

Country Code Number

(Tick the Alerts you want to receive on your mobile number. **Maximum 3 alerts.** Also enter below the alert amount of your choice)
Amount (minimum cut off Rs.1000)

Account balance falls below Rs. Account balance goes above Rs.
 Remittance equal to or above Rs. Withdrawal equal to or above Rs.
 Remittance of specific amount Rs. Withdrawal of specific amount Rs.
 Cheque Book Issue Notification Deposit Maturity Notification
 Loan Instalment Notification

I prefer not to receive alerts between (Indian Standard Time) (hh:mm) and (hh:mm)
 (The Alerts for maturity of deposits and repayment of loan accounts, linked to the customer Id will be sent automatically)

IV. SIB M-PAY (Mobile Banking Transactions) Yes No Mobile Number

(ONLY INDIAN MOBILE NUMBERS ARE ELIGIBLE FOR REGISTRATION, AS PER CURRENT RBI NORMS)

Please tick the option required: (1) Complete Facility OR (2) IMPS Credit only

Complete Facility: Customer can do IMPS fund transfer, Mobile/DTH recharge, ticket booking etc. through mobile.

IMPS Credit only: Service limited to receiving credit in customer's account from other IMPS users.

LINKING OTHER ACCOUNTS TO THE ABOVE (I, II, III & IV) VALUE ADDED SERVICES (Optional, Can be done subsequently too)

In addition to the services opted in my SB account, you may also offer the relevant services in my other accounts as mentioned below

Service/s required (I, II, III, IV above)	Account No.	Customer Id <small>(All the accounts of the customer should be under a single Customer Id as per RBI instruction and hence it will be unified to one single customer ID)</small>

V. ANYWHERE BANKING FACILITY in the below category (Charges applicable as per the schedule of charges, a copy of which is provided to you)

Category STANDARD Rs.1000/- SILVER Rs.5,000/- GOLD Rs.10,000/- PLATINUM Rs.100000/-

Number of ABB cheque books(25 leaves each) required for the next 12 months:-

Rubber Stamp Style (Affixed style will be used in the cheque book)

Declaration by Applicant (s)

Joint Account Holders Declaration for Internet / Mobile Banking

We the Joint holder(s), hereby authorize Mr/Mrs/Miss (a joint holder of the account) to use the Internet Banking and Mobile Banking Services. We also agree and undertake that all acts, deeds, things etc. done or omitted to be done by him/her shall be binding on us and We shall not question the same. We also agree that various terms and conditions accepted and signed by him/her shall be binding on me/us.

Signature Signature Signature

Basic SB account

I/We have received a copy of the rules and regulations of the Basic Savings Bank account. I/We undertake to abide by that rules and regulations.

Signature

Club/Association/Societies/Trust

We are sending herewith (i) a copy of the byelaw or rules and regulations governing the activities of organization (ii) a list of the office bearers of the organization with their names, address and signature and (iii) A resolution for opening the account with South Indian Bank and operational instructions. We undertake to inform the bank whenever any change in the constitution or office bearers of the organization takes place from time to time.

We confirm that the club/Association/Society/Trust is eligible to open an SB account as (1) We are not engaged in any trading, business or "for profit" activities (2) We are registered under the Societies Registration Act, 1860 or equivalent Act and/or (3) Our entire income is exempt from payment of Income-tax under the Income Tax Act 1961.

Signature of President Signature of Secretary

Declaration in case of Minor's accounts (REQUIRED IN CASES OF THE GUARDIAN OPERTING THE MINOR'S ACCOUNT)

Guardian's name: Gender: Male Female Date of Birth:

Nature of guardianship Natural By court order
 Relationship with minor Son Daughter Others (Specify)
 Source of funds Self funds Minor's funds

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 or guardian

General Declaration

"I/We have read and understood all the pages in the application form. I/We hereby declare that the above information provided by me/us is true to the best of my/our knowledge and belief. 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 etc. related to the Savings Account, Global ATM-cum-debit card, Internet Banking, Mobile Banking services/transactions including Immediate Payment Service (IMPS) launched by the bank in association with National Payments Corporation of India (NPCI) 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 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.

Customer Signature
 1st Applicant 2nd Applicant 3rd Applicant
 Date Date Date

Introduction

I confirm that I am an account holder of South Indian Bank for the past months / personally know the applicant for more than month and confirm his/her identity and address as stated above.

Name and Address of introducer:

Telephone Number

Account Number

Customer ID

Introducer's Signature

Nomination Required Yes No If yes please fill up Form DA-1. If no please sign the following declaration

I/We hereby declare that I/We am/are aware of the advantages of nomination/benefits of nomination have been explained to me/us. I/We do not want to avail the nomination facility.

Signature of Depositor/s

NOMINATION FORM DA-1

(applicable in accounts of individual/individuals)

NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES 1985 IN RESEPECT OF BANK DEPOSITS

I/We (Name and address)

Nominate the following person to whom in the event of my/our/minors death the amount of the deposit, particulars of whereof are given below may be returned by The

South Indian Bank (Name and address of the branch/office where the deposit is held)

Details of Deposit		Nominee			
Nature	Account No.	Name	Address	Relationship with depositor, if any	If nominee is a minor, date of birth & age **

Additional details, if any

*As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum (Name)

..... (Age) (address)

to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place

Date:

Name, Signature and address of witness/es:

***Signature(s)/Left hand thumb impression(s) of depositor/s

1.

1.

2.

2.

*Strike out the inapplicable/strike out if nominee is not a minor. ** Where the deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor. *** If the party is affixing a thumb impression, it should be attested by two witnesses and Manager/Asst. Manager

Acknowledgement for nomination registration will be issued by the bank.

My/Our PAN/GIR number/s Form No: 60/61 Submitted Yes No Form-15G/H submitted Yes No

If no PAN/GIR number is allotted a declaration in Form No.60 or 61 to be submitted.

**Income tax will be deducted wherever applicable unless Form-15G/H is submitted.

Consent for linking Aadhaar No. "I hereby authorize South Indian Bank Ltd., to link my account to my Aadhaar No. for electronic transfer of subsidies and also for using the Aadhaar number and bio-metric information for providing the Aadhaar Authentication Service (Xerox copy of the Aadhaar card with original is submitted)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Signature & date

For Branch use:

Nomination Registration No.

We certify that

- 1) Verified the documents attached with the originals, as per KYC/AML guidelines and account opened
- 2) PAN verified at the Income tax Department website
- 3) We have explained the benefits of nomination to customer and he has accepted/declined
- 4) Aadhaar Number has been linked to A/c

..... Authorized signatory (Signature Code) Branch Head (Signature Code)

Canvassed by: Name & PPC :

Branch:

Specimen Signature/s



1

2

Mr./Mrs./Miss



1

2

Mr./Mrs./Miss



1

2

Mr./Mrs./Miss

Other related information - Know Your Customer (use separate form for each customer)

Name of the person for whom KYC details are furnished:

Address:

Nature of the person: Natural Person Legal Person Religion

A) Name of Father: B) Name of Mother:

C) Date of establishing relationship with bank Date of Incorporation:

D) Non-resident Status: N-Resident Y- Non Resident E) Country of Domicile

II. Gender: Male Female Others

Date of Birth Age:

Special Status Occupation

Line of business Nationality

III. Marital Status Married Single Others

If married, details of spouse

Name Date of Birth

Occupation Line of Business

IV. Educational Qualifications Illiterate Matriculate Graduate Post Graduate Professional Others

V. Monthly Income Up to Rs.5,000 Above 5,000 Up to 10,000 Above 10,000 Up to 25,000
 Above 25,000 Up to 50,000 Above 50,000 Up to 1,00,000 Above 1,00,000 Up to 2,00,000
 Above 2,00,000

VI. Dealing With Other banks/Branches of South Indian Bank

1. Name of the Bank and Branch

A.	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> OD	<input type="checkbox"/> Loan
B.	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> OD	<input type="checkbox"/> Loan
C.	<input type="checkbox"/> SB	<input type="checkbox"/> Current	<input type="checkbox"/> OD	<input type="checkbox"/> Loan

Existing credit facilities, if any

Car Loan Consumer Loan Edu. Loan Business Loan Housing Loan Loan against Shares Agri. Loan

PAN

AADHAAR

Passport Number Issued at Issue Dt. Exp. Dt.

Voter's ID No.

Driving Licence Issued at Issue Dt. Exp. Dt.
 (Produce anyone original with xerox copy - Original to be returned after verification)

Total Assets (in lacs)
 House / Flat
 Other property
 Jewels
 Shares
 Vehicles
 Others
Total

Total Liabilities (in lacs)
 OD
 Bank Loan
 Private Borrowings
Total

Place & Date:

Signature