



Photograph 1st Applicant	Photograph 2nd Applicant	Photograph 3rd Applicant
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FOR BRANCH USE

Branch :

Code No. :

Customer ID :

A/c. No. :

Fill up/tick mark ✓

DOMESTIC SB: RELATIONSHIP AND ACCOUNT OPENING FORM

Scheme : Ordinary Saral Youth Plus Privilege Any other

Personal Details

1st Applicant Name _____
 First _____ Middle _____ Last _____

Gender : Male Female Date of Birth

Guardian's Name

(If Applicant is minor)

Gender : Male Female Date of Birth

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 Others _____

Permanent Address

Present Address (Please submit address proof as below)

_____	_____
_____	_____
_____	_____

Pin Code _____ Pin Code _____

Mobile _____ Mobile _____

Tel Res _____ Tel Res _____

Tel Off _____ Tel Off _____

Email ID _____ Email ID _____

Address Proof: Telephone Bill Electricity Bill Salary Slip Credit Card Statement Others _____

Please open my Master SB Account as per details provided herein

For opening of additional deposits, or renewing existing ones, additional instructions will be given.

Joint Holder/s

2nd Applicant _____ Date of Birth

3rd Applicant _____

Mode of Operation: Single Former or Survivor/s Either or Survivor/s Anyone/Survivor/s or Jointly

Initial Deposit

Amount (figures) _____ Amount (words) _____

Cash TT Transfer From Account Number _____ RTGS/NEFT _____

Cheque/DD 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 (GLOBAL ATM-CUM-DEBIT CARD) Yes No

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. SIBerNET (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)

III. SIB SMS (MOBILE BANKING) 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 Notificaton _____

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)

LINKING OTHER ACCOUNTS TO THE ABOVE (I,II,III) 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 above)	Account No.	Customer Id

IV ANYWHERE BANKING FACILITY in the below category

Category STANDARD SILVER GOLD

Average Monthly credit balance Rs.1000/- Rs.5,000/- Rs.10,000/-

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)

Space for Specimen Signature and Designation

*I/We have read and agree to abide by the rules and regulations of the product. I/We agree to the charges prescribed by the Bank from time to time.

Signature/s:

Nomination

NOMINATION FORM DA1

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

I/We _____ (Name and address)

nominate the following person to whom in the event of my/our/minor's death the amount of deposit, particulars whereof are given below

may be returned by The South Indian Bank Ltd,.....(Address of the branch where deposit is held.)

Details of Deposit		Nominee			
Nature of Deposit	Distinguishing Number	Additional Details, if any	Name & Address	Relationship with depositor, if any	If nominee is a minor, date of birth and age*

* As the nominee is a minor on this date, I/We appoint.....(Name, Address and age.....) 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

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

Date

Name, Signature and addresses of witness/es 1

2

* Strike out the inapplicable/strike out if nominee is not a minor. **Where the deposit is made in the name of the minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.

** If the party is affixing thumb impression it should be attested by two witnesses and Manager/Asst. Manager.

Declaration By Applicant (s)

General Declaration

I/We have read both the pages in the application form. 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, charge etc. related to the Savings Account, Global ATM-cum-debit card, Internet Banking, Mobile Banking service offered by The South Indian Bank Ltd 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 shall be as published in the website of the Bank, www.southindianbank.com

I/We also authorise 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 agree that the Bank may on receipt of a written application from anyone of us or survivor/s in its absolute discretion and subject to such terms and conditions as the bank may stipulate [a] grant loan/advance against the security of Term deposit. [b] make premature payment of the proceeds of the deposit to anyone of us or survivor/s.

Joint Account Holders Declaration for Internet / Mobile Banking

I/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. I also agree and undertake that all acts, deeds, things etc. done or omitted to be done by him/her shall be binding on me /us and I/We shall not question the same. I/We also agree that various terms and conditions accepted and signed by him/her shall be binding on me/us.

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.

Customer Signature

1st Applicant 2nd Applicant 3rd Applicant
Date _____ Date _____ Date _____

Introduction

Introduced by _____
(Name and Address)

Telephone Number

Account Number Customer ID Introducer's Signature _____

Specimen Signature/s

Photograph 1st Applicant	1	<input type="text"/>	Photograph 2nd Applicant	1	<input type="text"/>	Photograph 3rd Applicant	1	<input type="text"/>
	2	<input type="text"/>		2	<input type="text"/>		2	<input type="text"/>

Mr./Mrs./Miss

Mr./Mrs./Miss

Mr./Mrs./Miss

For Branch Use

Date : _____ Verified and Account Opened: _____
Canvassed By : _____ Authorised Signatory _____
Signature Code _____
PPC No. _____

