

Check List (SB/CA) for Resident Individual

Branch Sol Id:

Date:

Branch Name :

FOR OFFICE USE

Fields marked (*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature (Please tick in appropriate box)

Customer ID

 Application Type ☐ New Customer ☐ Existing Customer

Account No.

 Account Type ☐ Normal ☐ Small ☐ Minor

CKYCR No.:

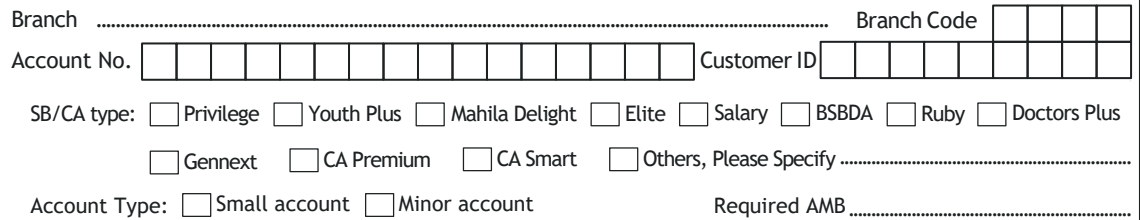
Sl. No.	Check list	Yes	No	N/A
1	Any 1 OVD has been obtained (Please Specify :)			
2	Copy of PAN Card or Form 60 has been attached			
3	If applicant is a minor, duly filled Guardian Declaration form has been obtained			
4	Aadhaar Annexure I & II has been obtained			
5	I confirm in-person verification was carried out and Signature / Thumb impression of the applicant is verified by me			
6	I certify that self-certified documents (Proof of Identity & Proof of Address and others) received as part of account opening process have been verified from original and found correct & same is recorded on OVD's obtained			
7	I certify that the implications and conditions for the operation of the account have been explained to the customer (only in case of illiterate applicant)			
8	I certify that applicant signature has been obtained in front of me and photograph has been verified in- person			
9	If any other supporting documents are collected. please specify	1. 2. 3.		

Documents Received : Self Certified

True Copy

Notary

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



A. Applicants Full name

If more than One Joint Holder, use additional sheet

Proof of Address.....

Any other information.PEP (Politically Exposed Person) PEP/Related to PEP/Not Applicable

Toll Free 18001029408, 18004251809

C. Personal Details of IInd Applicant

Father's Name																												
Mother's Name																												
Spouse Name																												
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Third Gender	Place of Birth.....	Country of Birth.....																							
Marital Status	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Other	Date Of Birth	<input type="text"/>																							
Status	<input type="checkbox"/> Blind	<input type="checkbox"/> Physically challenged	<input type="checkbox"/> Pardanashin	<input type="checkbox"/> Illiterate	<input type="checkbox"/> Specially abled																							
Annual Income:	<input type="checkbox"/> <₹1,00,000 <input type="checkbox"/> ₹1,00,000-5 Lakh <input type="checkbox"/> ₹5,00,000-10 Lakh <input type="checkbox"/> ₹10,00,000-15 Lakh <input type="checkbox"/> ₹15,00,000 -25 Lakh <input type="checkbox"/> ₹25,00,000-50 Lakh <input type="checkbox"/> ₹50,00,000-1 Crore <input type="checkbox"/> ₹1,00,00,000-10 Crore <input type="checkbox"/> ₹10,00,00,000-100 Crore <input type="checkbox"/> >₹100,00,00,000																											
Residential Status	<input type="checkbox"/> Resident	<input type="checkbox"/> Non Resident	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian origin																								
Tax Residency country	Tax Identification No																											
Nationality	<input type="checkbox"/> Indian	<input type="checkbox"/> Other	Country code																									
Occupation	<input type="checkbox"/> Service [<input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Government Sector] <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others, Please Specify																											
PAN No.															If PAN is not available, please fill separate Form No. 60													
Aadhaar																												
CKYCR No.															VISA: Visa Expiry Date: <input type="text"/>													
Other Proof of Identity (POL) Type No Issued by Expirydate(if any).....																												

Communication Address (Residential/Business)														Permanent Address (Residential/Business)													
<input type="text"/>														<input type="text"/>													
<input type="text"/>														<input type="text"/>													
<input type="text"/>														<input type="text"/>													
City														City													
State														State													
PIN														PIN													
Country														Country													

Email alert required ☐ Yes ☐ No If yes Email ID..... Mobile /Phone.....
 Any other information..... PEP (Politically Exposed Person)PEP/Related to PEP/Not Applicable

FATCA-CRS Declaration:

I am citizen/national/tax resident of any country outside India (if yes fill FATCA/CRS Declaration attached)
 First applicant ☐ Yes ☐ No Second applicant ☐ Yes ☐ No
 I/We hereby declare that the information provided by me/us is true. In case any changes, I/We will inform the bank within 30 days.

Deposit Details

I/We request you to open a SB (Savings Bank)/CA(Current Account) -Domestic

<input type="checkbox"/> Cash	(To open an account with cash, the customer must deposit the cash in person only at the parent branch)	Amount Rs.....
<input type="checkbox"/> Cheque	Amount Rs..... Bank Name.....	Cheque No..... Dated.....

(The cheque should be crossed A/c. Payee and drawn payable to The South Indian Bank Ltd. A/c. _____ (Customer Name))

Channel Services/Cheque Book

ATM cum Debit Card required ☐ Yes ☐ No If Yes, Domestic use only /International and Domestic Use (Debitcards will not be issued for Jointly operated accounts)
 Name to be displayed on ATM/Debit Card

1st Applicant																													
IInd Applicant																													
SMS alert required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, Mobile Number																										
Mobile Banking required	<input type="checkbox"/> Yes	<input type="checkbox"/> No																											
Internet Banking required	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Separate application form to be provided	Cheque Book	<input type="checkbox"/> Yes	<input type="checkbox"/> No	No. of Leaves																						
Whatsapp Banking required	<input type="checkbox"/> Yes	<input type="checkbox"/> No																											

***Signature/Left thumb impression of applicant

Nomination required Yes ☐ *No ☐**NOMINATION FORM DA1**

(applicable in accounts of individual/individuals)

NOMINATION UNDER SECTION 45 ZA 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 the deposit, particulars of whereof are given below, may be returned by

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

Details of deposit		Nominee			
Nature	Account Number	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 :

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

(*Signature is mandatory. I have understood the benefits of nomination & still do not wish to nominate)

Thumb ImpressionThumb impression of 1st/2nd (Strike off whichever is not applicable) holder **Affixed** in my/our presence

Signature of Witness 1 _____

Signature of Witness 2 _____

Name _____

Name _____

Address _____

Address _____

Mobile/Tel. _____

Mobile/Tel. _____

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 _____

AePs- Aadhaar Enabled Payment Services☐ Yes, I/We hereby confirm that I/We want to avail AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit transaction services for my/our Savings/Current Account with the Bank.☐ No, I/We do not want to enable AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit transaction services for my/our Savings/Current Account with the Bank._____
Signature

(*Cash deposit, balance enquiry and mini-statement services would remain enabled on AePS. In case of non-selection of either options, AePS would remain disabled. Customer can enable / disable AePS by visiting branch. AePS debit services will be enabled in your account only if the Mode of Operation in the account is Either or Survivor, Former or Survivor, Any One or Self)

Declaration

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/We undertake to inform you of any changes there in 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 authorise you to link Aadhaar Number and biometric aadhaar authentication service, E-KYC. My personal/KYC Details may be shared in Central KYC Registry, Tax Authorities/Regulators both local and foreign. I/We hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number/e-mail address. I/We have read and fully understood the features, rules terms and conditions applicable to Saving Bank (SB) account (CA) for resident Individuals, and value added services-Mobile Banking, Internet Banking and ATM cum Debit Card in Bank's Website www.southindianbank.com. I/We declare that I/We am/are aware of the advantages of nomination/benefits of nomination were explained to me/us. I/we hereby confirm the receipt of MITC, CKYC in my name can be used by the bank for fetching KYC details as well as for periodical KYC updation.

I/We undertake/authorize South Indian Bank that all information provided by me of any nature including personal & sensitive information relating to account/investment/credit facility can be shared with/to other South Indian Bank Branch, its group companies including any affiliates and subsidiaries/banking financial institutions/-credit bureaus/agencies/service providers who have an agreement with South Indian Bank. If I intend to revoke my consent to the sharing of the data, the products/services available to me, pursuant to the consent provided earlier, shall no longer be available to me, and I shall be required to initiate closure of such products/services. I/We shall not hold South Indian Bank/its group companies/subsidiaries/affiliates liable for use of any such information. I/We hereby declare that in case of any update in the documents submitted by me/us at the time of establishment of business relationship / account-based relationship and thereafter, as necessary; I/we shall submit to the Bank the update of such documents. This will be done within 30 days of the update to the documents for the purpose of updating the records at Banks end

I (In this context, "I", "my" and "me" refers to all holders of the account) have read and understood the T&C and understand that any changes to the T&C will be available on the website www.southindianbank.com only.

I have read & understood all features of Savings/ Current account product chosen by me.

I / We agree to maintain Average Monthly Balance required for the applied account scheme as stipulated by the Bank. I/We have understood that non-maintenance of the Average Monthly Balance will attract charges and the same have been explained to me. I/We understand the detailed charging structure for non-maintenance of minimum average monthly balance, which is available on bank's website www.southindianbank.com.

If there is no balance in the account to satisfy the service charges, I will provide sufficient balance in the account and bank may mark a lien on the subsequent credits in the account and recover my dues.

I hereby certify that the Savings Bank Account would be used by me to route transactions of only non-business/non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as commercial/business/dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such account and /or close the account.

I/We also understands that in case of liquidation of the Bank, DICGC is liable to pay each depositor through the liquidator, the amount of the deposit up to Rupees Five lakh within two months from the date of claim list from the liquidator

I/We also accept all charges that are not mentioned here, but corresponds to the product chosen by me. I/We also understands that charges that are mentioned in MITC-Annexure and confirms that I/We have received a copy of the same and will not hold bank responsible on penalizing me/us on defaulting on the conditions laid down and updated by South Indian Bank Limited in www.southindianbank.com. I/We, the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on website www.southindianbank.com as revised from time to time by South Indian Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be opened with South Indian Bank Limited.

I/We confirm that the product features of account have been explained to me. I/ We hereby acknowledge receipt of rules & regulations of Savings/Current Account.

I/for any disruption in account operation resulting from non-submission of OVD, as mandated.

I/We hereby provide the consent to send information/promotional messages through SMS,Whatsapp, Email & RCS.

I (In this context, "I", "my" and "me" refers to all holders of the account) have read and understood the T&C and understand that any changes to the T&C will be available on the website www.southindianbank.com only. I/We hereby provide the consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I/We understand that my KYC Record includes my KYC Records/ Personal information such as my name, address, date of birth, PAN number etc.

Signature Applicant 1

Signature Applicant 2

Place

Date

Colour Photo
1st ApplicantColour Photo
2nd Applicant**Office Use**Documents received ☐ Self Certified ☐ Truecopy ☐ Notary

LG PPC

LC PPC

CRM LeadID

Promo Campaign Code

UEID Code of Salary Accounts

Other products interested: ☐ HL ☐ Mobiloan ☐ PL ☐ LAP ☐ Life Insurance ☐ Health Insurance ☐ Other

Anyother information :

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

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

Terms and Conditions for opening Savings/Current accounts

ACCOUNT OPENING RULES • All the necessary documentation as mandated by the Regulatory/ Bank authorities should be provided for opening the account. • In event of No Salary Credits for any continuous three months, the said Salary account will be converted in to Savings Account & charges will be applicable accordingly. • All accounts should maintain the stipulated average monthly balance based on the product programme and branch in which the account opened • Savings accounts can be opened only by individuals for non-business purposes. • In case of any complaint relating to features of any of the product, the Grievance Redressal Cell within the bank can be approached for a resolution at customercare@sib.co.in and if not resolved satisfactorily within 30 days the same may be escalated to Reserve Bank of India via <https://cms.rbi.org.in> or sent physically to Centralised Receipt & Processing Centre, Reserve Bank of India, 4th Floor, Central Vista, Sector 17, Chandigarh - 160017.

Business/Trading/Partnership/Proprietary/Corporations cannot opt a saving account. Trust/Societies/ Charitable/Educational institutions may open a savings account subject to conditions. The bank reserves the right to close the account in case the savings account is used for business purposes as evidenced by the transaction behavior. • Adequate balance should be maintained in the account before issuing cheques. • Details of charges on funds transfer, inter branch banking and other services are available in our website - "Service charges".&Fees Brochure and the Code of Bank's Commitment for individual Customers can be obtained from the website. Interest on savings account will be paid at the rate stipulated by RBI from time to time. • No unarranged overdraft would be allowed in the Savings Account. In case of exceptions, the bank would charge interest at commercial rate. The bank reserves the right to close the account in case of unsatisfactory conduct of the account. • In the event of the death of one of the joint account holders, the right to deposit proceeds does not automatically devolve on the surviving joint deposit account holder unless there is survivorship clause. • No interest is paid for the current account holders

I/ We agree to promptly notify the Bank of any change in permanent / communication address / contact details provided under my / our CIF ID with supporting documents as mandated by the rules of the Bank. I / We also agree to submit my/ our KYC documents as and when my accounts are due for KYC update. I / We will not hold the Bank responsible for any disruption in account operation resulting from non-submission of OVD, as mandated. I/We hereby agree to share my/our personal information (including mobile number & email) to the external vendor for verification purpose.

In case number or volume of the transactions in the account are found to be not matching with the profile declared by the customer, Bank has the right to put restrictions in the operations of the account and customer should provide satisfactory clarifications for the reason for such high number or volume of transactions for getting the account unfreezed.

In view of the fast pace of digitalization, and as an adequate safeguard, customers are advised to update their Mobile number and Email Id, with bank, so as to receive regular updates regarding their accounts and transactions. Customers are advised to contact home branch / bank's Toll Free number, through the contact numbers published in bank's website, in case of instance of non-receipt of alerts, through SMS or Email. In the best interest of customers, bank advises installation and regular/periodic use of digital channels such as Mirror+ (Mobile banking) and SIBerNet (Internet banking), to be up to date, and fully aware of all accounts and transactions therein. This will additionally help customers in bringing to the notice of the bank, any instances of unauthorized transactions in their accounts.

No interest will be paid for the funds in the Current Account



(Signature of the 1st Applicant)



(Signature of the 2nd Applicant)

Acknowledgement Form(Nomination)

Branch

Date

Dear Sir/Madam,

We acknowledge the receipt of nomination made by you in favour of :

Name of the Nominee : Age

Yours Faithfully

Signature of Bank Official with Seal

Acknowledgement Form(for customer)

Branch

Date

Reference No.

To,
Mr/Mrs/Ms.....(1st Applicant)

Mr/Mrs/Ms.....(2nd Applicant)

Reg: Application for opening Savings/Current account with South Indian Bank.

We acknowledge with thanks the receipt of your application for opening Savings /Current account as referred to above.

Yours Faithfully

Signature of Bank Official with Seal

Application / Declaration for submitting physical Aadhaar card /E-Aadhaar card /Masked Aadhaar /Offline Electronic Aadhaar xml for the purpose of opening bank accounts

The Branch Manager

Date

..... Branch

The south Indian bank Ltd

Dear Sir,

Account no In the name of Mr. /Mssubmitting physical Aadhaar card /E-Aadhaar card /Masked Aadhaar /Offline Electronic Aadhaar xml for the purpose of opening bank accounts

- 1. I hereby confirm that I have submitted my physical Aadhaar card /E-Aadhaar card /Masked Aadhaar /Offline Electronic Aadhaar xml voluntarily as an officially valid document for opening a bank account.
- 2. I hereby declare that all the above information voluntarily furnished by me it true, correct and complete.

Yours Faithfully,

(Signature / Thumb impression of customer)

(if consent sent through BC/BDO)

I hereby authorize the Banking Correspondent

Name:

I hereby authorize the Sarpanch / BDO

Mobile No:

.....
to submit the above consent letter to the bank.

Email:

Encl: Copy of Aadhaar

Most Important Terms & Conditions (MITC)

For Savings Account

(Please read and fill the form carefully before signing)

Branch.....

Date

Shri/Smt..... (Primary A/c Holder)

Shri/Smt..... (Second A/c Holder)

With reference to AOF submitted by me /us to South Indian Bank for opening _____ category account with initial remittance of Rs. _____, I/We have accepted and agreed to the following information that has been provided to me/us.

SAVINGS ACCOUNT: CHARGES, FREE FACILITIES & OTHER BENEFITS					
Product	Average Monthly Balance		Periodicity of Min Balance calculation	Max Charges for non-maintenance of MAB	Tick ✓ the account you have chosen
	Metro/Urban	Semi Urban/Rural			
SIB Gen Next	5000	5000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB Youth Plus	5000	5000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Standard	N/A	2500*	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Silver	5000	5000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Gold	10000	10000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Ruby	25000	25000	Monthly	Rs..300/-*	<input type="checkbox"/>
SB Mahila Delight/Elite Senior	5000	2500	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Platinum	100000	100000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Basic(BSBDA)	-	-	-	-	<input type="checkbox"/>
SIB Connect	-	-	-	-	<input type="checkbox"/>
SIB Scholarship	-	-	-	-	<input type="checkbox"/>
SIB Doctors Plus	-	-	-	-	<input type="checkbox"/>
SIB NHAH	-	-	-	-	<input type="checkbox"/>
Salary Account-Basic/Smart/Executive/Premium	-	-	-	-	<input type="checkbox"/>
* Standard accounts can be opened only in Rural branches. * Charges displayed above are subject to GST *To know more about the other charges & conditions, please visit our website www.southindianbank.com					

☐ Any other charges that are not mention herewith above but are provided for in the product shall be applicable to me/us.

☐ I /we hereby understand that any changes in the charges hereafter updated on the Bank's notice /Website www.southindianbank.com will be applicable to me.

Name of the Applicant/(s): 1.

2.

Applicant/(s) Signature/(s)

.....Office use only.....

Declaration by the Branch/Office

I hereby confirm that the KYC documents of the customer was verified with the originals & found satisfactory.

Signature of the Officer (Sign Code)

Most Important Terms & Conditions (MITC)

For Current Account

(Please read and fill the form carefully before signing)

Branch

Date

Account Name

With reference to AOF submitted by me /us to South Indian Bank for opening _____ category account with initial remittance of Rs. _____, I/We have accepted and agreed to the following information that has been provided to me/us.

CURRENT ACCOUNT: CHARGES, FREE FACILITIES & OTHER BENEFITS

Product	IP Value	Average Monthly Balance (AMB)/Quarterly Forex Throughput (QFT)*		Periodicity of Min Balance calculation	Max Charges for non-maintenance of AMB/QFT		Tick ✓ the applicable product
		Metro/Urban	Semi-Urban/Rural		<50% of AMB	>50% & <100% AMB	
SIB EXIM Silver*	N.A	USD 15000	USD 15000	Quarterly	500		
SIB EXIM Gold*	N.A	USD 50000	USD 50000	Quarterly	750		
CA Premium Platinum	500000	500000	500000	Monthly	1000	750	
CA Premium Gold	100000	100000	100000	Monthly	800	650	
CA Smart Premium	50000/25000	50000	25000	Monthly	650	500	
CA Premium Standard	10000	10000	10000	Monthly	500	350	
CA Premium General	5000	5000	5000	Monthly	350	250	
SIB Merchant Plus	10000	NIL	NIL	-	NIL	NIL	
SIB RERA	NIL	NIL	NIL	-	NIL	NIL	

*Charges are subject to GST

*Free facilities will be provided based on the required AMB/QFT maintained in the previous month/quarter.

*To know more about the other charges & conditions, please visit our website www.southindianbank.com

☐ I /we hereby understand and aware that charges will be applicable to the chosen product as prescribed in Compendium of Service Charges.

☐ I /we hereby understand that any changes in the charges hereafter updated on the Bank's notice /Website www.southindianbank.com will be applicable to me.

Name of the Applicant/(s):

Signature/(s)

.....For Office Use Only.....

Declaration by the Branch/Office

I hereby confirm that the KYC documents of the customer was verified with the originals & found satisfactory.

Signature of the Officer (Sign Code)



Terms and Conditions for opening Savings/Current accounts

(for office use)

I/We hereby confirm that I/We have received the Terms and Conditions/Account Opening Rules & Regulations for opening Savings/Current accounts.

Customer Name: _____

Customer Signature: _____

.....tear here.....

.....tear here.....



(Customer copy)

Terms and Conditions for opening Savings/Current accounts

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Business/Trading/Partnership/Proprietary/Corporations cannot opt a saving account. Trust/Societies/ Charitable/Educational institutions may open a Savings Bank account subject to conditions. The bank reserves the right to close the account in case the Savings Bank account is used for business purposes as evidenced by the transaction behaviour. • Adequate balance should be maintained in the account before issuing cheques. • Details of charges on funds transfer, inter branch banking and other services are available in our website - “Service charges”. Fees Brochure and the Code of Bank's Commitment for individual Customers can be obtained from the website. Interest on Savings Bank account will be paid at the rate stipulated by RBI from time to time. • No interest will be paid for the funds in the Current Account.

No unarranged overdraft would be allowed in the Savings Bank Account. In case of exceptions, the bank would charge interest at commercial rate. The bank reserves the right to close the account in case of unsatisfactory conduct of the account. • In the event of the death of one of the joint account holders, the right of survivors will be dealt with as per guidelines.

In case number or volume of the transactions in the account are found to be not matching with the profile declared by the customer, Bank has the right to put restrictions in the operations of the account and customer should provide satisfactory clarifications for the reason for such high number or volume of transactions for getting the account unfrozen.

In view of the fast pace of digitalization, and as an adequate safeguard, customers are advised to update their Mobile number and Email Id, with bank, so as to receive regular updates regarding their accounts and transactions. Customers are advised to contact home branch / bank's Toll Free number, through the contact numbers published in bank's website, in case of instance of non-receipt of alerts, through SMS or Email. In the best interest of customers, bank advises installation and regular/periodic use of digital channels such as Mirror+ (Mobile banking) and SIBerNet (Internet banking), to be up to date, and fully aware of all accounts and transactions therein. This will additionally help customers in bringing to the notice of the bank, any instances of unauthorized transactions in their accounts.