

 <b>SOUTH INDIAN Bank</b> Experience Next Generation Banking Regd. Office, SIB House, T.B Road Mission Quarters, Thrissur, 680001, Kerala	Branch .....	Branch Code	
	Account No.		Customer ID
	SB/CD Type: <input type="checkbox"/> Privilege <input type="checkbox"/> Youth Plus <input type="checkbox"/> Mahila Delight <input type="checkbox"/> Elite <input type="checkbox"/> GSSA <input type="checkbox"/> Basic <input type="checkbox"/> Junior <input type="checkbox"/> CA Premium <input type="checkbox"/> CA Smart <input type="checkbox"/> Others, Please Specify .....		

### AOF cum KYC (SB/CA)- Resident Individual

#### A. Applicant's Full Name

Ist Applicant	
Maiden Name (if any)	
IIInd Applicant	
Maiden Name (if any)	
Mode of operation: <input type="checkbox"/> Self <input type="checkbox"/> Jointly <input type="checkbox"/> Either or Survivor <input type="checkbox"/> Former or Survivor <input type="checkbox"/> Anyone or Survivor <input type="checkbox"/> Others, Please Specify .....	
If you are an existing customer, please move directly to Section D. If more than One Joint Holder, use additional sheet	

#### B. Personal Details of IstApplicant

Father's Name	
Mother's Name	
Spouse Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Place of Birth	Country of Birth
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other
Community	Education
Date Of Birth	Annual Income (Rs.)
Residential Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> Person of Indian origin
FATCA/CRS TIN	Country of Jurisdiction of Residence
Nationality	Tax Identification No
Occupation	Purpose of Account
<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	Whether Aadhaar No. to be seeded to this account for Govt. subsidy: Yes / No.
CKYCR No.	Visa: .....
Other Proof of Identity (POI) Type	VISA Expiry Date: .....
Proof of Address	Issued by: .....
	Expiry date (if any): .....

#### Communication Address (Residential/Business)

#### Permanent Address (Residential/Business)

City	
State	
PIN	
Country	

Mobile /Phone ..... Email I D .....

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

#### C. Personal Details of IIIndApplicant

Father's Name	
Mother's Name	
Spouse Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Place of Birth	Country of Birth
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Other
Community	Education

Please quote the reference no. for further reference. ....

Date .....

Signature of the bank official.....

Instructions: Welcome kit would be delivered to the communication address only. If you do not receive our welcome kit within 2 weeks of the date of acknowledgment, kindly e-mail at [tbdcpc@sib.co.in](mailto:tbdcpc@sib.co.in) or contact the nearest branch. The PIN for the ATM/Debit card for carrying out transactions on the ATM can be generated using the green PIN facility.

**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 account will be converted into Savings Regular Account. • 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](mailto:customercare@sib.co.in) and if not resolved satisfactorily within 30 days the Ombudsman appointed by the Reserve Bank of India in charge of the concerned region, may be approached.

Date Of Birth  Annual Income (Rs.) ..... Net Worth .....

Residential Status ☐ Resident ☐ Non Resident ☐ Foreign National ☐ Person of Indian origin

FATCA/CRS TIN Country of Jurisdiction of Residence ..... Tax Identification No .....

Nationality ☐ Indian ☐ Other Country code  VISA no. .... VISA Expiry Date.

Occupation ☐ Service (☐ Private Sector ☐ Public Sector ☐ Government Sector) ☐ Business ☐ Professional  
☐ Self Employed ☐ Retired ☐ Housewife ☐ Student ☐ Others, Please Specify .....

PAN No.  If PAN is not available, please fill separate Form No. 60

Aadhaar

Other Proof of Identity (POI) Type ..... No. .... Issued by ..... Expiry date (if any) .....

Proof of Address .....

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 <input type="text"/>	City <input type="text"/>
State <input type="text"/>	State <input type="text"/>
PIN <input type="text"/>	PIN <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>

Mobile /Phone ..... Email ID .....

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

**D. If any of the applicants are EXISTING ACCOUNT HOLDERS Please mention the Customer Identification No.**

1st Applicant Customer ID  IInd Applicant Customer ID

**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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional details, if any .....

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

\* 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.

2.

**Acknowledgement for nomination registration will be issued by the branch.**

•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 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 the Service Charges & Fees Brochure. •Copy of the Terms and Conditions, Service Charges & Fees Brochure and the Code of Bank's Commitment for individual Customers can be obtained from the branch / 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. •The deposits of the bank are insured with DICGC and 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. •For passbook updation, please visit your home branch.

**Deposit Details**

I/We request you to open a SB (Savings Bank) account - Domestic

☐ Cash (To open an account with cash, the customer must deposit the cash in person only at the parent branch) Amount Rs. ....

☐ 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

Name to be displayed on ATM /Debit Card (Debit cards will not be issued for Jointly operated accounts)

1st Applicant

IInd Applicant

SMS alert required ☐ Yes ☐ No If Yes, Mobile NumberMobile Banking required ☐ Yes ☐ NoInternet Banking required ☐ Yes ☐ No

Cheque Book

☐ Yes ☐ NoNo. of Leaves  **Introduction**

I / We confirm that I/We personally know the applicant/s for more than ..... Months and confirm his / her /their identity and address as stated above.

Name .....(Customer ID ..... ) and Signature ..... of Introducer

**Credit Facilities**☐ I/We are not enjoying any credit facilities from the banking system☐ I/We are enjoying credit facilities from the banking system, as listed in our enclosed letter. The NOCs from the lenders (applicable for current accounts) are also enclosed.

Purpose of account.....

**Thumb Impression**

Thumb 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.....

**Declaration**

I/We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and and I/We undertake to inform you of any changes therein, 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 Savings Bank (SB) accounts/Current accounts (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, 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 (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.

Signature Applicant 1

Colour Photo  
1st ApplicantColour Photo  
2nd Applicant

Signature Applicant 2

Place

Date

**Office Use**Documents received ☐ Self Certified ☐ True copy ☐ NotaryRisk Category ☐ High ☐ Medium ☐ LowLG PPC LC PPC CRM Lead ID 

Promo Campaign Code .....

UEID Code of Salary Accounts.....

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

Any other information :

Signature of Oficer (Sign Code.....)

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