



Regd. Office, SIB House, T.B Road
Mission Quarters, Thrissur, 680001, Kerala

Branch
 Branch Code Customer ID CPC No.
 Account No. Account Type SB CA

Account Opening Form (SB/CA) - Non Individual

Scheme: CA Premium CA Smart CA Trader Smart Others, Please Specify
 Mode of operation: Self Any One Any Two Jointly All Jointly As per resolution Others, Please Specify

Entity Details

Registered Name :
 Account Name (if different) :
 Date of incorporation Place of incorporation..... Country of incorporation
 Date of commencement of business Country of business
 Purpose of account..... PEP (Politically Exposed Person) / Related to PEP / Not applicable

Constitution	Line Of Business	Annual Income (in INR)
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnersip <input type="checkbox"/> LLP <input type="checkbox"/> HUF <input type="checkbox"/> Privated Limited Co. <input type="checkbox"/> Publicd Limited Co. <input type="checkbox"/> Society <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Club <input type="checkbox"/> Others, Specify.....	<input type="checkbox"/> Agricultural <input type="checkbox"/> Hospital/Nursing Home/Clinics <input type="checkbox"/> Education <input type="checkbox"/> IT/Software/BPO <input type="checkbox"/> Finance <input type="checkbox"/> Restaurants <input type="checkbox"/> Govt. <input type="checkbox"/> Transport <input type="checkbox"/> Manufacturing <input type="checkbox"/> Trade <input type="checkbox"/> Others, Specify.....	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 to 5 Lac <input type="checkbox"/> 5 to 10 Lac <input type="checkbox"/> 15 to 25 Lac <input type="checkbox"/> 25 Lac and above Net Worth (in INR)..... as on.....

Communication Address	Permanent Address
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
City/Town <input type="text"/>	City/Town <input type="text"/>
State <input type="text"/>	State <input type="text"/>
PIN <input type="text"/> Country I N D I A	PIN <input type="text"/> Country I N D I A

Contact Details (for Alerts)

Mobile No. Land Line No. +
 Email ID
 Website

Proof of Identity

TIN/GST No. PAN/GIR
 CIN/Reg No.
 LEI No.
 TAN FCRA Reg No. Expiry.....
 Other Proof of Identity (POI) Type..... No..... Issued by..... Expiry date (if any).....

Nature of Activity

Source of Funds..... Principal place of business

Channel Services

Cheque Book	<input type="checkbox"/> Yes <input type="checkbox"/> No	
ATM cum Debit Card required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SMS required	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Additional Mobile Number for alerts Holder SL.No.&..... (max 2)
Mobile Banking required	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Internet Banking required	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Please attach separate form for Corpotrte Internet banking
UPI POS/Bharat QR	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Prefered UPI ID (1):@SIB, (2)@SIB
Point Of Sale (POS) required	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, <input type="checkbox"/> Using Other Bank POS <input type="checkbox"/> Others.....

If Yes, Please attach separate form for Point Of Sale (POS)

Account Opening Form (SB/CA) - Non Individual

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.

Sole Proprietorship Firms

I,..... hereby declare that I am the Sole Proprietor of M/S..... and that all dealings and transactions are being entered into by me as sole proprietor. I am solely responsible to the Bank for all the transactions and liabilities of the firm with the bank .The Bank may recover its claims from my personal estate as well as from the assets of the firm.

Signature

Partnership Firms

We..... the undersigned carrying on business in the partnership under the name and style of authorise the Bank to honour our respective signatures as reserve on behalf of the said firm. We also request and authorize you, until any one of us shall, give you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us signed by any of us duly Authorised from time to time on behalf of our said firm and to debit such cheques, orders, bills, notes and receipts to our said firm's account whether such account be, for the being in credit or overdrawn. We may also request you to accept the endorsement of any of us on behalf of our said firm on cheques, other orders, bills and notes.

Name of Partners	Signature (To be signed in individual capacity, without stamp.)

Beneficial Owners

DECLARATION OF BENEFICIAL OWNERSHIP (Mark with a tick)

- | | |
|--|---|
| <input type="radio"/> Partnership (All the Partners or as the case may be). | <input type="radio"/> Association club/society/trust (All the members of the association club/society/trust or as the case may be). (please furnish copies of their identity documents) |
| <input type="radio"/> Company (The shareholders of the company). | <input type="radio"/> Not applicable as this entity is a registered charity |
| <input type="radio"/> Others whose identities are stated below (please furnish copies of their identity documents) | |

Where the beneficiaries exceed 7, please attach the list along with certified true copies of all BO's identity documents

Sl No.	Beneficial Owners	DIN/ Nature of relation	% of Shares	% of Benefit/ Profit	Contact Number
1					
2					
3					
4					
5					
6					
7					

Note: When share aggregated, it shall sum up to 100%

I/we acknowledge and confirm that South Indian Bank shall be entitled to rely on my/our declaration above on the identity(ies) of and information relating to the Beneficial Owners of the account.

I/we undertake to inform the bank in writing should there be any changes to the ownership/share holding structure in the future.

Signature

Signature

Signature

Key Contact Person

Name:..... Mobile No. :.....
 Email:.....

Account Opening Form (SB/CA) - Non Individual

Details of Initial Remittance

Cash Cheque/DD Transfer RTGS/NEFT Others Amount & Currency.....
 Remitting Bank Name Cheque No..... Dated Others, Please Specify.....

Nomination Form DA 1

Required (Please fill following details) Not Required

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) nominates 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	Destinguishing Number	Additional Details, if any	Name & Address	Relationship with depositor, if any	If nominee is a minor, date of birth & age

As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum.....DOB...../...../.....
 Residing at..... to receive the amount of the deposit on behalf of the event of my/our/minor's death during the minority of the nominee

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

Name Signature and addresses of witness/es

- 1.
- 2.

**Signature(s)/Left hand thumb impression(s) of the Depositor/s

*Strike out the inapplicable/strike out nominee is not a minor. **Where deposit is made in the name of 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.

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

Declaration

I/We have read and understood all the pages in the application form and KYC form. I/We hereby declare that the above information provided by me/us is true to the best of my/our knowledge and belief, 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 would like to share my/our personal / KYC details with Central KYC Registry, tax authorities / regulators both local and foreign. 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, authorizations, etc. related to the Account and channel facilities / technology products, 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.south-indianbank.com and/or made available in branch premises, 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. I/We also understand that if we refuse to comply with any requirement or make unsatisfactory compliance therewith, the Bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention / evasion is contemplated by me/us report the matter to RBI / appropriate authorities. I/We understand that the bank may at any time without notice to me/us combine and consolidate all or any of my/our account(s) and set off or transfer any sum or sums standing to the credit of any one or more of such account(s) in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. If by error overdraft is created in my/our account, I/We undertake to pay the same with applicable rates of interests. If by mistake, the bank credits cash / cheques pertaining to other customers to my/our account(s), I/We undertake to inform the bank of the same and refund the same with interest and without any demur. 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 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 of Authorised Signatories

Signature

Signature

Signature

Place

Date

Office Use

Documents received Self Certified True copy Notary Risk Category High Medium Low

LG PPC LC PPC CRM Lead ID

Promo Campaign Code Nomination No.

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

Any other information :

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

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

KYC & CKYC Form - Authorised Signatory/Beneficial Owners

Holder SL.No.

CPC No.

CKYC

Customer ID

Related Person Type

- Authorised Signatory
 Beneficiary
 Court Appointed Official
 Karta
 Ownership
 Partner
 Promotor
 Proprietor
 Trustee
 Others, Please Specify

Full Name Mr/Mrs/Ms

Maiden Name (if any)

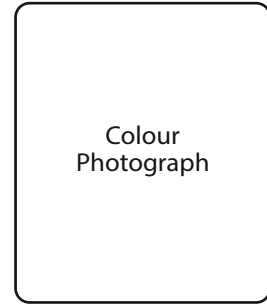
Father's Name Mother's Name

Marital Status Single Married Name of the Spouse

Date Of Birth Gender Male Female Transgender

Nationality Country code of Birth Place of Birth Community

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



Occupation	Annual Income (in INR)	Education	Proof of Identity
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others, Specify.....	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 to 5 Lac <input type="checkbox"/> 5 to 10 Lac <input type="checkbox"/> 10 to 15 Lac <input type="checkbox"/> 15 to 25 Lac <input type="checkbox"/> 25 Lac and above Net Worth (in INR) Rs.as on.....	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professional	Passport No <input type="text"/> Passport Expiry Date <input type="text"/> PAN No. <input type="text"/> Aadhaar <input type="text"/> Other Proof of Identity(Type)..... (No.) Expiry date(if any)

Communication Address

State

PIN/ZIP

Country

Mobile

Permanent Address

State

PIN

Country

Email ID

Proof of Address.....

Purpose of account..... Line of business.....

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

FATCA/CRS Declaration (Taxation Details)

Sl No.	Country of residence for tax	Tax Identification Number (TIN) or functional equivalent	TIN issuing Country	Please provide address, If Sl No.1 is filled in Taxation Details Address : City : State : PIN : Country:.....
1				
2				

1.I hereby certify that I am not tax resident in, or citizen of, any other country besides those listed above.2.I declare that all statements made in this Declaration are, to the best of my knowledge and belief, correct and complete.3.I undertake to advise the bank promptly of any change in circumstances, which causes the information contained herein to become incorrect and to provide the bank with a suitably updated Declaration within 30 days of such change in circumstances.4.I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this Form and to disclose to such tax authorities or such party any additional information that the bank may have in its possession.5.I certify that I am authorized (FDA holder) to sign for the individual who is the beneficial owner of all the income to which this form relates and/or am using this form to document myself as an individual who is the Account Holder. In the event if the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/ information furnished by me as contained herein, I shall be solely liable and responsible for the same and I undertake to indemnify Bank against any loss or damage suffered by the Bank.

Declaration

I 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 therein, immediately.

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.

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

Signature

Office Use

Documents received Self Certified True copy Notary Risk Category High Medium Low

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

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