Account Opening Form (SB/CA) - Non Individual

Entity Details

Account Name: 

Purpose of account: 

Constitution

- Sole Proprietorship
- Partnership
- Limited Liability Partnership
- Private Limited Company
- Public Limited Company
- Society
- Association
- Others, Specify

Line Of Business

- Agriculture
- Education
- Finance
- Government
- Manufacturing
- Trade
- Others, Specify

Communication Address

Permanent Address

Contact Details (for Alerts)

Mobile No. 

Email ID 

Website 

Proof of Identity

TIN/GST No. 

CIN/Reg No. 

LEI No. 

TAN 

Other Proof of Identity (POI) Type: 

Nature of Activity

Source of Funds: Principal place of business 

Channel Services

Cheque Book 

ATM cum Debit Card required 

SMS required 

Mobile Banking required 

Internet Banking required 

UPI POS/Bharat QR 

Point Of Sale (POS) required
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 ✓)

- Partnership (All the Partners or as the case may be).
- 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)
- Company (The shareholders of the company).
- Not applicable as this entity is a registered charity
- 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

<table>
<thead>
<tr>
<th>Sl No.</th>
<th>Beneficial Owners</th>
<th>DIN/ Nature of relation</th>
<th>% of Shares</th>
<th>% of Benefit/ Profit</th>
<th>Contact Number</th>
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</tbody>
</table>

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.

Key Contact Person

Name: ____________________ Mobile No.: ____________________

Email: ____________________

Signature

www.southindianbank.com

CIN: L65191KL1929PLC001017

Toll Free 18001029408, 18004251809
Account Opening Form (SB/CA) - Non Individual

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.southindianbank.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.

Signature of Authorised Signatories

Signature

Signature

Signature

Office Use

Documents received

☐ Self Certified

☐ True copy

☐ Notary

Risk Category

☐ High

☐ Medium

☐ Low

LG PPC

LC PPC

Promo Campaign Code

CRM Lead ID

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.**

**Related Person Type**

- [ ] Authorised Signatory
- [ ] Beneficiary
- [ ] Court Appointed Official
- [ ] Karta
- [ ] Ownership
- [ ] Partner
- [ ] Promoter
- [ ] 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**

**Gender**

- [ ] Male
- [ ] Female
- [ ] Transgender

**Nationality**

**Country code of Birth**

**State**

**Place of Birth**

**Residential Status**

- [ ] Resident
- [ ] Non Resident Indian
- [ ] Foreign National

**Occupation**

- [ ] Private Sector Service
- [ ] Public Sector Service
- [ ] Government Sector Service
- [ ] Business
- [ ] Professional
- [ ] Self Employed
- [ ] Retired
- [ ] Others, Specify

**Annual Income (in INR)**

- [ ] Below 1 Lac
- [ ] 1 to 5 Lac
- [ ] 5 to 10 Lac
- [ ] 10 to 15 Lac
- [ ] 15 to 25 Lac
- [ ] 25 Lac and above

**Net Worth (in INR)**

**Education**

- [ ] Below SSC
- [ ] SSC
- [ ] HSC
- [ ] Graduate
- [ ] Masters
- [ ] Professional

**Proof of Identity**

- [ ] Passport No.
- [ ] Passport Expiry Date
- [ ] PAN No.
- [ ] Aadhaar
- [ ] Other Proof of Identity (Type)

**Purpose of account**

**Line of business**

- [ ] PEP (Politically Exposed Person) / Related to PEP / Not applicable

**FATCA/CRS Declaration (Taxation Details)**

1. I hereby certify that I am not tax resident in, citizen of, or holder of any other country besides those listed above. I declare that all statements made in this Declaration are, to the best of my knowledge and belief, correct and complete. I undertake to advise the bank promptly of any changes therein, immediately.

2. I hereby undertake to inform you of any changes therein, immediately.

3. 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.

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. The event in the event that the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/confidential information furnished by me as contained therein, 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.

**Signature**

**Office Use**

**Documents received**

- [ ] Self Certified
- [ ] True copy
- [ ] Notary

**Risk Category**

- [ ] High
- [ ] Medium
- [ ] Low

**Signature of Office**

**Signature of Branch head**