



Branch

Br. CodeCustomer ID

Account No.

Common Application Form for Term Deposits (Domestic, NRE , NRO, FCNR,RFC & Others )

I / We request you to open a TD (Term Deposit) as per details given below

Date :

|               | Name | Customer ID | DOB |
|---------------|------|-------------|-----|
| First Holder  |      |             |     |
| Second Holder |      |             |     |
| Third Holder  |      |             |     |

PAN/GIR Number of 1<sup>st</sup> holder .....

Address of the First Holder .....

.....

Type of Account

☐ KND (Cumulative) ☐ FD (Non-Cumulative) ☐ RD ☐ Fast Cash ☐ Flexi Deposit

☐ SIB CARE ☐ Tax Gain ☐ Non-Callable ☐ Other TD, please specify .....

Mode of Operation

☐ Self ☐ Jointly ☐ Either or Survivor ☐ Former or Survivor

☐ Guardian, till attaining majority (Mother/Father/Legal/Others.....) ☐ Other, please specify.....

Type of Deposit

☐ Domestic☐ NRE☐ NRO☐ FCNR☐ RFC☐ Others .....

Deposit Amount (in figures).....

· Currency

in words.....

Period of Term Deposit

Days ..... Months ..... Years .....

Interest payment frequency ( Monthly Interest at discounted rate / Q / Y ) ..... Rate of Interest (% p.a) .....

A/C for interest Cr.

Mode of Remittance

☐ Cash ☐ Transfer from A/C Debit Account No.....

Chq/DD No. .... Date ..... Bank.....

☐ RTGS/NEFT From A/c.....Bank.....Branch.....

☐ Others, Please Specify.....*Please select “P” option (previous day) in SI Menu*

Standing Instruction(SI) for RD Installments: Debit Account No.....SI Execution Date.....

TDS to be deducted from ☐ Term Deposit ☐ Operative Account, A/c No .....

On Maturity☐ Renew Principal and Interest ☐ Renew Principal☐ Auto closure ☐ Renew specified Amount, Details.....

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 .....

Thumb impression Witnessing

Thumb impression of 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> (Strike off that is not applicable) holder affixed in my /our presence.

Signature of Witness 1 .....Signature of Witness 2 .....

Name of Witness 1 .....Name of Witness 2 .....

Address.....Address.....

Mobile / Tel .....Mobile / Tel .....

General Declaration and authorisation

I/We have read all the pages of the application form.I/We agree to comply with and be bound by RBI rules and directions, regarding the conduct of the account.I/We am/are aware that the premature withdrawal of Deposit(s) will require consent and signature of all Depositor(s) irrespective of mode of operation.\*I/We hereby authorize the Bank that in event of death of anyone or more of the Depositor(s),the bank on receipt of written request from the surviving Depositor(s) ,as per the mode of operation,will allow the surviving Depositor(s) to prematurely withdraw the term deposit without seeking concurrence from the legal heirs of the deceased Depositor(s) (\*not applicable for deposits with mode of operation “joint”) and such premature withdrawal would not attract any penal charge. I/We am/are aware that the term deposit booked under “Non-Callable option” cannot be withdrawn before maturity and no loan facility can be availed.

Signature/LTI of First Holder

Signature/LTI of Second Holder

Signature/LTI of Third Holder

General Declaration and authorisation

In case of absence of any instructions, it shall be presumed that the depositor intends to auto renew the deposit for the same period to which it was initially deposited and shall be renewed automatically for the same period to which it got matured. However, this shall not be applicable to Tax Gain Deposit and Recurring Deposit .I/We are aware that premature closure of deposits will attract penalty as per Bank’s Board approved Policy. I/We have been informed about the applicable penal interest for premature withdrawal.I/We agree that penalty for defaulted/non remitted instalments shall be deducted from the maturity value of Recurring Deposits. I/We understand and agree that no interest shall be payable in case of premature closure of my/our NRE/FCNR deposit accounts before completing 1 year.In case of Flexi Deposits, interest adjustment due to sweep in happen only at branch day end. I/we are aware that I/we are liable to remit the interest adjustment shortage amount, if any ,when required .I/We understand that the Bank may at any time and without notice to me /us combine and consolidate all or any of my/any one or more of our accounts and set off or transfer any sum standing to the credit of my/our account in or towards satisfaction of any of my/any one or more of our liabilities to the Bank or any other account or in any other respect whether such liabilities be actual or contingent,primary or collateral or joint or several.I/We understand the if required KYC formalities are not complied with by any of the deposit holder/s,Bank may at its sole discretion discontinue the auto-renewal of the term deposit.I/We understand that,back dated opening of term deposits shall not be permitted in these cases and no deviation shall be allowed in this regard under any circumstances. I/We also acknowledge that the Bank may from time to time change the terms and conditions.The latest terms and conditions published in the website of the Bank [www.southindianbank.com](http://www.southindianbank.com) and/or made available in branch premise is sufficient notice to me /us. I/We understand that all Bank deposits are covered under the insurance scheme offered by Deposit Insurance and Credit Guarantee Corporation of India (DICGC) subject to certain limits and conditions. The maximum insurance cover as on date is Rs 5,00,000/- for both principal and interest amount held by the customer in the same right and same capacity as on date of liquidation / cancellation of Bank’s license or the date on which the scheme of amalgamation /merger / reconstruction comes into force.I/We accept and agree to be bound by the term and conditions related to Term Deposits provided in the website [www.southindianbank.com](http://www.southindianbank.com). I/We further declare & confirm that any modification to the above authorization /mandate shall be only by way of joint instructions by all the applicants/joint holders.I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature/LTI of First Holder

Signature/LTI of Second Holder

Signature/LTI of Third Holder

For Office use only : Account opened and instructions noted

|                   |                     |                         |
|-------------------|---------------------|-------------------------|
| <b>Maker Sd/-</b> | <b>Checker Sd/-</b> | <b>Branch Head Sd/-</b> |
| <b>PPC:</b>       | <b>PPC :</b>        | <b>PPC :</b>            |

Nomination Required ☐ Yes ☐ No If Yes, please fill up Form DA-1, If No, please sign the following declaration

I/ We hereby declare that I/we am/are aware of nomination/benefits of nomination have been explained to me/us.I/We do not want to avail nomination facility.

Signature of Depositor(s).....

FORM DA 1

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 ..... (Names and addresses) .....  
..... nominate the following person to whom in the event of my our/minor’s death the amount of the deposit, particulars where of are given below, may be returned by The South Indian Bank Ltd.Br. ....

| Details of Deposits |                | Nominee |         |                                     |                                    |
|---------------------|----------------|---------|---------|-------------------------------------|------------------------------------|
| Nature              | Account Number | Name    | Address | Relationship with depositor ,if any | If nominee ** is aminor ,DOB & age |
|                     |                |         |         |                                     |                                    |

Nominee Mobile No:.....Email ID.....

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum.....  
..... (name,address)aged.....  
years 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(s), signature(s) and address(es) of witness(es) \* Signature(s) / Thumb impression(s) depositor(s)

**Note:** \*Where deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor & Strike out if the nominee is not a minor.@Thumb impression(s) shall be attested by two witnesses and Manager/Asst. Manager.  
NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON



Acknowledgment (Nomination)

Branch .....

Date .....

To,  
Shri/Smt.....

Dear Sir/Madam

☐ I. We acknowledge receipt of nomination made by you in favour of : Name of nominee .....

☐ Age: year with respect to your deposit no :  
II. No nominee for the account since nomination facility not availed by the account holder.

Signature of Bank Official