

To,  
The South Indian Bank Ltd.,  
Retail Banking Department, DEMAT Centre,  
2 Floor, Shanu Tower, No. IV/461A,  
North Kalamassery, Ernakulam-683104,  
Tel/ Fax: 0484-2933561, Email Id: demat@sib.co.in

Received Seal

**Demat Account Application Form (Individual)**

**Check List**

- ☐ **Separate KYC forms** required for **each holders** in case of joint demat account.
- ☐ **Colour Photograph** ( Recent passport size colour 3.5x3.5 cm) of all the applicants affixed on KYC form and signed below.
- ☐ **KYC form** attached is duly filled and **signed by customer and branch official**.
- ☐ Proof of Identity (**PAN Card** copy **self attested** and attested by Branch) of the applicant attached with the application and it is verified in person?
- ☐ Verified **Address Proofs** supporting both correspondence & permanent address enclosed
  1. (voter's ID card/Driving License/Passport, Latest Tel Bill/Electricity Bill within 2 months).
  2. For NRI Repatriable (Passport/International Driving license Mandatory) &
  3. For NRI Non Repatriable (Proof of Indian Address Mandatory)
- ☐ All **proofs** must be **Self attested** and **Branch attested**
- ☐ **Attesting Officer's PPC & Name** should be mentioned in the proofs & form
- ☐ SB/CD A/C Statement of applicant with transaction & Cancelled Cheque Leaf attached?
- ☐ Signatures are affixed by applicants in all the pages marked 'X' and Bank official marked 'Y' in Blue ink preferably and witnessed wherever necessary.( Witness in nomination form)
- ☐ A copy of Rights and Obligations to be provided to the customer for reference.
- ☐ All Columns in the application are filled in **Block letters**
- ☐ **Bank MICR code**, IFSC code and account number in **16 digit format** are entered properly in application form.

**Account Canvassed by: (Mandatory)**

Name & PPC	
Designation & Branch	
Signature of employee	

-----Please tear here-----

**Acknowledgement Receipt**

**Application No.:**

**Date:**

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole / First Holder	
Name of Second joint Holder	
Name of Third joint Holder	

**Depository Participant Seal and Signature**

**Important Instructions:**

- A) Fields marked with "\*" are mandatory fields.  
 B) Please fill the form in English and in BLOCK letters.  
 C) Please fill the date in DD-MM-YYYY format.  
 D) Please read section wise detailed guidelines / instructions at the end.  
 E) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

- F) List of two character ISO 3166 country codes is available at the end.  
 G) KYC number of applicant is mandatory for update application.  
 H) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

**For office use only**

Application Type\*

☐ New☐ Update

(To be filled by financial institution)

KYC Number

(Mandatory for KYC update request)

Account Type\*

☐ Normal☐ Simplified (for low risk customers)☐ Small☐ **1. PERSONAL DETAILS** (Please refer instruction A at the end)

	Prefix	First Name	Middle Name	Last Name
<input type="checkbox"/> Name* (Same as ID proof)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father / Spouse Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother Name*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender*	<input type="checkbox"/> M- Male	<input type="checkbox"/> F- Female	<input type="checkbox"/> T-Transgender	
Marital Status*	<input type="checkbox"/> Married	<input type="checkbox"/> Unmarried	<input type="checkbox"/> Others	
Citizenship*	<input type="checkbox"/> IN- Indian	<input type="checkbox"/> Others (ISO 3166 Country Code <input type="text"/> )		
Residential Status*	<input type="checkbox"/> Resident Individual	<input type="checkbox"/> Non Resident Indian		
	<input type="checkbox"/> Foreign National	<input type="checkbox"/> Person of Indian Origin		
Occupation Type*	<input type="checkbox"/> S-Service ( <input type="checkbox"/> Private Sector	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Government Sector )	
	<input type="checkbox"/> O-Others ( <input type="checkbox"/> Professional	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student)	
	<input type="checkbox"/> B-Business			
	<input type="checkbox"/> X- Not Categorised			

**PHOTO**DO NOT SIGN  
ACROSS THE PHOTO☐ **2. TICK IF APPLICABLE** ☐ RESIDENCE FOR TAX PURPOSES IN JURISDICTION(S) OUTSIDE INDIA (Please refer instruction B at the end)

ADDITIONAL DETAILS REQUIRED\* (Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

Tax Identification Number or equivalent (If issued by jurisdiction)\*

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

☐ **3. PROOF OF IDENTITY (PoI)\*** (Please refer instruction C at the end)(Certified copy of any one of the following Proof of Identity [PoI] needs to be submitted)

- ☐ A- Passport Number
- ☐ B- Voter ID Card
- ☐ C- PAN Card
- ☐ D- Driving Licence
- ☐ E- UID (Aadhaar)
- ☐ F- NREGA Job Card
- ☐ Z- Others (any document notified by the central government)
- ☐ S- Simplified Measures Account - Document Type code

Passport Expiry Date

Driving Licence Expiry Date

Identification Number

Identification Number

**4. PROOF OF ADDRESS (PoA)\***☐ **4.1 CURRENT / PERMANENT / OVERSEAS ADDRESS DETAILS** (Please see instruction D at the end)(Certified copy of any one of the following Proof of Address [PoA] needs to be submitted)

- Address Type\* ☐ Residential / Business ☐ Residential ☐ Business ☐ Registered Office ☐ Unspecified
- Proof of Address\* ☐ Passport ☐ Driving Licence ☐ UID (Aadhaar)
- ☐ Voter Identity Card ☐ NREGA Job Card ☐ Others
- ☐ Simplified Measures Account - Document Type code

**Address**

Line 1*	<input type="text"/>
Line 2	<input type="text"/>
Line 3	<input type="text"/>
District*	<input type="text"/>
Pin / Post Code*	<input type="text"/>
City / Town / Village*	<input type="text"/>
State / U.T Code*	<input type="text"/>
ISO 3166 Country Code*	<input type="text"/>

☐ **4.2 CORRESPONDENCE / LOCAL ADDRESS DETAILS \*** (Please see instruction **E** at the end)

☐ Same as Current / Permanent / Overseas Address details (In case of multiple correspondence / local addresses, please fill '**Annexure A1**') ☐ Same as Correspondence / Local Address details

Line 1*															
Line 2															
Line 3															
District*					Pin / Post Code*					State / U.T Code*			ISO 3166 Country Code*		

☐ **4.3 ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\*** (Applicable if section 2 is ticked)

☐ Same as Current / Permanent / Overseas Address details ☐ Same as Correspondence / Local Address details

Line 1*																	
Line 2																	
Line 3																	
State*					ZIP / Post Code*					City / Town / Village*					ISO 3166 Country Code*		

☐ **5. CONTACT DETAILS** (All communications will be sent on provided Mobile no. / Email-ID) (Please refer instruction **F** at the end)

Tel. (Off)					Tel. (Res)					Mobile				
FAX					Email ID									

☐ **6. DETAILS OF RELATED PERSON** (In case of additional related persons, please fill 'Annexure B1') (please refer instruction **G** at the end)

☐ Addition of Related Person ☐ Deletion of Related Person KYC Number of Related Person (if available\*)

Related Person Type*	<input type="checkbox"/> Guardian of Minor <input type="checkbox"/> Assignee <input type="checkbox"/> Authorized Representative			
Name*	Prefix	First Name	Middle Name	Last Name

(If KYC number and name are provided, below details of section 6 are optional)

**PROOF OF IDENTITY [PoI] OF RELATED PERSON\*** (Please see instruction **(H)** at the end)

<input type="checkbox"/> A- Passport Number		Passport Expiry Date	
<input type="checkbox"/> B- Voter ID Card			
<input type="checkbox"/> C- PAN Card			
<input type="checkbox"/> D- Driving Licence		Driving Licence Expiry Date	
<input type="checkbox"/> E- UID (Aadhaar)			
<input type="checkbox"/> F- NREGA Job Card			
<input type="checkbox"/> Z- Others (any document notified by the central government)		Identification Number	
<input type="checkbox"/> S- Simplified Measures Account - Document Type code		Identification Number	

☐ **7. REMARKS (If any)**


**8. APPLICANT DECLARATION**

- 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 have consented to access my aadhar data from UIDAI.
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. |

Date :

Place :

[Signature / Thumb Impression]

X

Signature / Thumb Impression of Applicant

**9. ATTESTATION / FOR OFFICE USE ONLY**

**Documents Received** ☐ Certified Copies ☐ Original Verified and Self-Attested Document Copies Received

IPV AND KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Date	
Emp. Name	
Emp. Code	
Emp. Designation	
Emp. Branch	

Name	
Br Code	

[Branch Seal]

[Employee Signature]

Y

## CENTRAL KYC REGISTRY | Instructions / Check list / Guidelines for filling Individual KYC Application Form

### General Instructions:

- Fields marked with '\*' are mandatory fields.
- Tick ☒ wherever applicable.
- Self-Certification of documents is mandatory.
- Please fill the form in English and in BLOCK Letters.
- Please fill all dates in DD-MM-YYYY format.
- Wherever state code and country code is to be furnished, the same should be the two-digit code as per Indian Motor Vehicle, 1988 and ISO 3166 country code respectively list of which is available at the end.
- KYC number of applicant is mandatory for updation of KYC details.
- For particular section update, please tick ☒ in the box available before the section number and strike off the sections not required to be updated.
- In case of 'Small Account type' only personal details at section number 1 and 2, photograph, signature and self-certification required.

### A Clarification / Guidelines on filling 'Personal Details' section

- Name:** Please state the name with Prefix (Mr/Mrs/Ms/Dr/etc.). The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
- Either **father's name** or **spouse's** name is to be mandatorily furnished. In case PAN is not available father's name is mandatory.

### B Clarification / Guidelines on filling details if applicant residence for tax purposes in jurisdiction(s) outside India

- Tax identification Number (TIN):** TIN need not be reported if it has not been issued by the jurisdiction. However, if the said jurisdiction has issued a high integrity number with an equivalent level of identification (a "Functional equivalent"), the same may be reported. Examples of that type of number for individual include, a social security/insurance number, citizen/personal identification/services code/number, and resident registration number)

### C Clarification / Guidelines on filling 'Proof of Identity [Pol]' section

- If driving license number or passport is provided as proof of identity then expiry date is to be mandatorily furnished.
- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.
- In case of Simplified Measures Accounts for verifying the identity of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 3 (S).

Document Code	Description
01	Identity card with applicant's photograph issued by Central/ State Government Departments, Statutory/ Regulatory Authorities, Public Sector Undertakings, Scheduled Commercial Banks, and Public Financial Institutions.
02	Letter issued by a gazetted officer, with a duly attested photograph of the person.

### D Clarification / Guidelines on filling 'Proof of Address [PoA] - Current / Permanent / Overseas Address details' section

- PoA to be submitted only if the submitted Pol does not have an address or address as per Pol is invalid or not in force.
- State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
- In case of Simplified Measures Accounts for verifying the address of the applicant, any one of the following documents can also be submitted and underlined relevant code may be mentioned in point 4.1.

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal Tax receipt.
03	Bank account or Post Office savings bank account statement.
04	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
05	Letter of allotment of accommodation from employer issued by State or Central Government departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies. Similarly, leave and license agreements with such employers allotting official accommodation.
06	Documents issued by Government departments of foreign jurisdictions and letter issued by Foreign Embassy or Mission in India.

### E Clarification / Guidelines on filling 'Proof of Address [PoA] - Correspondence / Local Address details' section

- To be filled only in case the PoA is not the local address or address where the customer is currently residing. No separate PoA is required to be submitted.
- In case of multiple correspondence / local addresses, Please fill '**Annexure A1**'

### F Clarification / Guidelines on filling 'Contact details' section

- Please mention two- digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999).
- Do not add '0' in the beginning of Mobile number.

### G Clarification / Guidelines on filling 'Related Person details' section

- Provide KYC number of related person if available.

### H Clarification / Guidelines on filling 'Related Person details – Proof of Identity [Pol] of Related Person' section

- Mention identification / reference number if 'Z- Others (any document notified by the central government)' is ticked.

### List of two – digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State / U.T	Code	State / U.T	Code	State / U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarakhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

### List of ISO 3166 two- digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Mayotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire   Côte d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion   Réunion	RE	Virgin Islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao   Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy   Saint Barthélemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French part)	MF		

## Additional KYC Form for Opening a Demat Account

**For Individuals 5**
**IN-DP-CDSL-181-2002**
**South Indian Bank Ltd**

(To be filled by the Depository Participant)

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.										
DP ID										
Client ID										

 (To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

**Holders Details**

<b>Sole / First Holder's Name</b>		PAN									
		UID									
		UCC									
		Exchange Name & ID									
<b>Second Holder's Name</b>		PAN									
		UID									
<b>Third Holder's Name</b>		PAN									
		UID									

<b>Name *</b>	
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is Opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

**Type of Account (Please tick whichever is applicable)**

Status	Sub – Status
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA) <input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI – Depository Receipts <input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify)_____

**Details of Guardian (in case the account holder is minor)**

Guardian's Name	PAN
Relationship with the applicant	

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')	[Automatic Credit] <input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')	<input type="checkbox"/> Yes <input type="checkbox"/> No
Account Statement Requirement	<input type="checkbox"/> As per SEBI Regulation <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to share the email ID with the RTA	<input type="checkbox"/> Yes <input type="checkbox"/> No
I / We would like to receive the Annual Report <input type="checkbox"/> Physical / <input type="checkbox"/> Electronic / <input type="checkbox"/> Both Physical and Electronic (Tick the applicable box. If not marked the default option would be in Physical)	

<b>I/ We</b> wish to receive dividend / interest directly in to <b>my</b> bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time ]	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**Bank Details [Dividend Bank Details]**


Bank Code (9 digit MICR code)									
IFS Code (11 character)									
Account number									
Account type	<input type="checkbox"/> Saving <input type="checkbox"/> Current <input type="checkbox"/> Others (specify) _____								
Bank Name									
Branch Name									
Bank Branch Address									
City		State		Country		PIN code			

- (i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)  
 (ii) Photocopy of the Bank Statement having name and address of the BO  
 (iii) Photocopy of the Passbook having name and address of the BO, (or)  
 (iv) Letter from the Bank.
- In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

<b>Other Details</b> Gross Annual Income Details	<b>Income Range per annum:</b>									
	<input type="checkbox"/> Up to Rs.1,00,000 <input type="checkbox"/> Rs 1,00,000 to Rs 5,00,000 <input type="checkbox"/> Rs 5,00,000 to ` 10,00,000 <input type="checkbox"/> Rs 10,00,000 to Rs 25,00,000 <input type="checkbox"/> More than Rs 25,00,000									
	Net worth as on (Date)	D	D	M	M	Y	Y	Y	Y	Rs
[Net worth should not be older than 1 year]										
Occupation	<input type="checkbox"/> Private / Public Sector <input type="checkbox"/> Govt. Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Agriculture <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Others (Specify) _____									
Please tick , if applicable:	<input type="checkbox"/> Politically Exposed Person (PEP) <input type="checkbox"/> Related to Politically Exposed Person (RPEP)									
Any other information:										

<b>SMS Alert Facility</b> Refer to Terms & Conditions given as <b>Annexure - 2.4</b>	MOBILE NO. +91 _____ [(Mandatory , if you are giving Power of Attorney ( POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).										
	I wish to avail the TRUST facility using the Mobile number registered for SMS Alert Facility. I have read and understood the Terms and Conditions prescribed by CDSL for the same. <input type="checkbox"/> Yes <input type="checkbox"/> No I/We wish to register the following clearing member IDs under my/our below mentioned BO ID registered for TRUST										
Transactions Using Secured Texting Facility ( <b>TRUST</b> ). Refer to Terms and Conditions <b>Annexure – 2.6</b>	<table border="1"> <thead> <tr> <th>Stock Exchange Name/ID</th> <th>Clearing Member Name</th> <th>Clearing Member ID (Optional)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)						
	Stock Exchange Name/ID	Clearing Member Name	Clearing Member ID (Optional)								
<b>Easi</b>	To register for <b>easi</b> , please visit our website <a href="http://www.cdslindia.com">www.cdslindia.com</a> . <b>Easi</b> allows a BO to view his ISIN balances, transactions and value of the portfolio online.										

## Nomination Form

 <b>SOUTH INDIAN Bank</b> <small>Experience Next Generation Banking</small>										<b>FORM FOR NOMINATION</b> <i>(To be filled in by individual applying singly or jointly)</i>																													
Date		D	D	M	M	Y	Y	Y	Y	UCC/ DP ID												Client ID																	
I/We wish to make a nomination. [As per details given below]																																							
<b>Nomination Details</b>																																							
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.																																							
<b>Nomination can be made upto three nominees in the account.</b>										<b>Details of 1<sup>st</sup> Nominee</b>										<b>Details of 2<sup>nd</sup> Nominee</b>										<b>Details of 3<sup>rd</sup> Nominee</b>									
1		Name of the nominee(s) (Mr./Ms.)																																					
2		Share of each Nominee		Equally <small>[If not equally, please specify percentage]</small>						%										%										%									
<i>Any odd lot after division shall be transferred to the first nominee mentioned in the form.</i>																																							
3		Relationship With the Applicant ( If Any)																																					
4		Address of Nominee(s)																																					
		City / Place: State & Country:																																					
				PIN Code																																			
5		Mobile / Telephone No. of nominee(s)																																					
6		Email ID of nominee(s)																																					
7		<b>Nominee Identification details –</b> [Please tick any one of following and provide details of same]  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID																																					
Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:																																							
8		Date of Birth {in case of minor nominee(s)}																																					
9		Name of Guardian (Mr./Ms.) {in case of minor nominee(s)}																																					
10		Address of Guardian(s)																																					



	City / Place: State & Country:			
	PIN Code			
11	Mobile / Telephone no. of Guardian			
12	Email ID of Guardian			
13	Relationship of Guardian with nominee			
14	<b>Guardian Identification details –</b> [Please tick any one of following and provide details of same]  <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID			
<b>Name(s) of holder(s)</b>				<b>Signature(s) of holder*</b>
Sole / First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

**Note:**

This nomination shall supersede any prior nomination made by the account holder(s), if any.

Signature of Witness for Nomination (Mandatory)		
Name of the Witness	Address	Signature of witness
		X

## Declaration Form for opting out of nomination



<b>To</b> South Indian Bank Ltd Demat Cell , 2nd Floor Shanu Tower North Kalamassery Ernakulam 683104 E mail : demat@sib.co.in	Date	D	D	M	M	Y	Y	Y	Y	
UCC/DP ID										
Client ID (only for Demat account)										
Sole/First Holder Name										
Second Holder Name										
Third Holder Name										
I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.										
<b>Name and Signature of Holder(s)*</b>										
1. _____ 2. _____ 3. _____										

\* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

\* Marked is Mandatory field

Note: One witness shall attest signature(s) / thumb impression(s)


Details of the Witness	
	Witness
Name of witness	
Address of witness	
Signature of witness	

For, NRIs

Foreign Address							
City		State					
Country		P.O BOX					

I/We hereby declare that we have given the complete residential address as given above and we shall be informing the DP in case of any change in our address in future.

FEMA Declaration: I/We have complied with, and will continue to comply with FEMA Regulations and other applicable laws.


	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures  X			

### Rates and Charges for Demat Account:

I/We agree to the following Charges to be collected from my/our operative SB/CD A/c.


Demat Opening charges	Nil
AMC	Rs.200/- plus GST for other than corporate accounts Rs. 1000/- plus GST for Corporate Accounts
Dematerialisation	Rs.75/- plus GST as minimum up to 2 certificates and additional Rs.10/- plus GST for every other certificate.
Rematerialisation	Rs.10/- plus GST for every 100 securities (max.Rs 5.00 Lakh) or Rs.10/- plus GST per certificate whichever is higher
Transaction (Debit)	Rs.25/- plus GST
Pledge/Unpledge	Rs.100/- plus GST
Destatementisation	Rs 50/-plus GST per SOA
MF Redemption	Rs.25/- plus GST

I/we agree for the periodic revisions also.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures  X			

### **Declaration:**

I / We have **received and** read the **Rights and Obligations document and** terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I / We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details / Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures  X			

**Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories**

**General Clause**

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

**Beneficial Owner information**

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

**Fees/Charges/Tariff**

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "*no charges are payable for opening of demat accounts*"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

**Dematerialization**

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

**Separate Accounts**

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

**Transfer of Securities**

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

**Statement of account**

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

**Manner of Closure of Demat account**

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/herto the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall

not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

**Default in payment of charges**

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

**21. Liability of the Depository**

As per Section 16 of Depositories Act, 1996, 1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

**Freezing/ Defreezing of accounts**

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

**Redressal of Investor grievance**

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.


**Authorized representative**

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

**Law and Jurisdiction**

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

I/We have received and read the copy of Rights and Obligations document

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures  X			



Experience Next Generation Banking  
Regd. Office, SIB House, T.B. Road  
Mission Quarters, Thrissur, 680 001, Kerala

Branch   
Br. Code  Customer ID   
Account No.

### FATCA/CRS - Self Declaration Form - Individual

**(Mandatory for each Account/Joint Holder including POA, Guardian, Mandate holder, Beneficial Owner)**

Note - The information in this section is being collected in order to fully comply with Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) under Income Tax (11th Amendment) Rules, 2015 requirements. If you have any doubt/question about your tax residency, please contact your tax advisor

#### Details Of Account Holder (All fields are Mandatory)

1. Please fill in BLOCK letters only. 2. Please leave one box blank between words. 3. Tick (✓) the appropriate boxes.

Title Code  Mr.  Mrs.  Miss.

Name of Account

Holder

Father's Name

Mother's Name

Spouse's Name

Place of Birth

Country of Birth  ISO code

PAN

Aadhaar No

Identification Type

Document submitted as proof of identity of the individual. Permissible values are:

A - Passport B - Election ID Card C - PAN Card D - ID Card E - Driving Licence  
G - UIDAI Letter H - NREGA job card Z - Others X - Not Categorised

Identification Number

Number mentioned in the identification document. This information is mandatory if PAN or Aadhaar number is not reported

Occupation Type

Permissible values are: S - Service B - Business O - Others X - Not Categorized

Occupation

Please specify occupation of the Individual

Nationality  ISO code

2 character Country Code (ISO 3166)

X

Signature

## FATCA/CRS - Self Declaration Form - Individual

Country of Residence as per tax laws	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ISO code	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ISO code	<input type="text"/>	<input type="text"/>

Foreign Tax Identification Number (TIN)  
allotted by tax resident country

TIN Issuing Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ISO code	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	ISO code	<input type="text"/>	<input type="text"/>

This attribute identifies the jurisdiction that issued the TIN. The Country Code as per ISO 3166 has to be mentioned. If Country Code is not available, use XX.

(If the country does not issue TIN or if a TIN cannot be obtained please provide an explanation in the box below)

Address Type ☐

Indicates the type of the address. Permissible values are: 1- Residential Or Business      2 – Residential  
3 – Business      4 – Registered Office      5 – Unspecified

### Part B - Declaration

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 (POA 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.

Signature of Customer

X

Date: 

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Seal &amp; Signature of Branch Official

Y

## Details under FATCA / Foreign tax laws(see instructions)

## Instructions

**Details under FATCA/Foreign Tax Laws:** Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us** promptly, i.e., **within 30 days**. Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

**If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number.** Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.