

**South Indian Bank Ltd**  
**DEMAT CENTRE, 2nd Floor, Shanu Tower, North Kalamassery,**  
**Ernakulam-683104, Ph: 0484-2933561, E-mail: demat@sib.co.in**  
**Website: http://www.southindianbank.com**

**Account Details Addition / Modification / Deletion Request Form**

**Depository Participant Name / Address**

Application No. \_\_\_\_\_ Date 

D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID 

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 Client ID 

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Account Holder's Details	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

☐ I/We request to carry out the change of address / signature in the demat account

☐ I/We request to carry out the change of address / signature in the KRA and demat account

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			


===== (Please Tear Here) =====  
**Acknowledgement Receipt**

Received Account Details Addition / Modification / Deletions request as per details given below :

Account / Account Details / Modification / Deletion Request as per details given below :																			
Application No.										Date		D	D	M	M	Y	Y	Y	Y
DP ID										Client ID									
Name of the Sole / First Holder																			
Name of Second joint Holder																			
Name of Third joint Holder																			
Modification requested for: [Specify reason]																			

**Depository Participant Seal and Signature**

## Nomination Form

										<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																																					
<b>Sr. Nos. 8-14 should be filled only if nominee(s) is a minor:</b>																																							
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

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

**Acknowledgement Receipt**  
For Customer Reference:

Received nomination from :

DP ID										Client ID								
Name																		
Address																		
Nomination in favor of <b>*First - Nominee</b>																		
<b>Second - Nominee</b>																		
<b>Third - Nominee</b>																		
<u>No Nomination</u>	<input type="checkbox"/> Does not wish to nominate																	
Registration No.										Registered on	D	D	M	M	Y	Y	Y	Y

**Depository Participant Seal and Signature**