

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 _____ Client ID _____

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 :

Application No.		Date	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
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

To,
The South Indian Bank Ltd, Demat Centre, 2nd Floor,
Shanu Tower, North Kalamassery, Ernakulam-683104

Dear Sir/ Madam,

I/We the sole holder / Joint holders / Guardian (in case of minor) hereby declare that:

I/We do not wish to nominate any one for this demat account.
[Strike out what is not applicable.] [Signatures of all account holders should be obtained on this form].

I/We **nominate** the following [§]person/s who is entitled to receive security balances lying in my/our account, particulars whereof are given below, in the event of the death of the Sole holder or the death of all the Joint Holders.

BO Account Details													
DP ID													Client ID
Name of the Sole / First Holder													
Name of Second Holder													
Name of Third Holder													

Nomination Details	Nominee 1	Nominee 2	Nominee 3
Nominee Name :			
*First Name:			
Middle Name:			
*Last Name			
*Address:			
*City:			
*State:			
*Pin:			
*Country:			
Telephone No:			
Fax No:			
Nomination Details	Nominee 1	Nominee 2	Nominee 3
PAN No:			
UID :			
Email ID:			
*Relationship with the BO :			
Date of birth (mandatory if Nominee is a minor):			
Name of the Guardian of Nominee (if the nominee is minor):			
*First Name:			
Middle Name:			
*Last Name			

*Address of the Guardian of nominee:			
*City:			
*State:			
*Country:			
*Pin:			
Age			
Telephone:			
Fax No:			
Email ID:			
*Relationship of the Guardian with the Nominee:			
*Percentage of allocation of securities:			
*Residual Securities [please tick any one nominee. If tick not marked default will be first nominee]:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***Note :** Residual securities: incase of multiple nominees, please choose any one nominee who will be credited with residual securities remaining after distribution of securities as per percentage of allocation. If you fail to choose one such nominee, then the first nominee will be marked as nominee entitled for residual shares, if any.

*** Marked is Mandatory field**

This nomination shall supersede any prior nomination made by me / us and also any testamentary document executed by me / us.

Place: _____ Date: _____

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

Note: **One witness** shall attest signature/ Thumb impression.

Details of the Witness	
	First Witness
Names of Witness	
Address of Witness	
Signature of Witness	

(To be filled by DP)

Nomination Form accepted and registered wide Registration No. _____ dated _____

For Depository Participant
(Authorised Signatory)

Acknowledgement Receipt

For Customer Reference:

Received nomination from :

DP ID										Client ID								
Name																		
Address																		
Nomination in favor of																		
First - Nominee																		
Second - Nominee																		
Third - Nominee																		
<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