



A/c. No. :
 Customer ID :
 Date :

Branch..... (Code.....)

NON INDIVIDUAL ACCOUNTS - CUSTOMER RELATIONSHIP CUM ACCOUNT OPENING FORM

I/We request you to open my/our account with your branch/bank as under.

Customer Details

| | | | |
|--|---|---|---|
| Registered Name | | | |
| Registration No. with Registering Authority | | Date of Registration/Incorporation | |
| Constitution | Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLP <input type="checkbox"/> Private Ltd. Company <input type="checkbox"/> Public Ltd Company <input type="checkbox"/> Sec.25 Company <input type="checkbox"/> One Person Company <input type="checkbox"/> HUF <input type="checkbox"/> Local Bodies <input type="checkbox"/> Govt. Department/ Enterprise/Corporation <input type="checkbox"/> | Registered Entity <input type="checkbox"/> Trust <input type="checkbox"/> Society <input type="checkbox"/> Committee <input type="checkbox"/> Foundation <input type="checkbox"/> | Unregistered Entity <input type="checkbox"/> Association <input type="checkbox"/> Committee <input type="checkbox"/> Club <input type="checkbox"/> |

Country of Registration/ Incorporation (please specify)

Country(ies) of Business operation

| | | |
|------------------------|---|---|
| Contact Details | Name <input type="text"/> Tel <input type="text"/> Fax <input type="text"/> Mobile <input type="text"/> E-mail <input type="text"/> | Name <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|------------------------|---|---|

Address. Pl. specify whether Regd. Address, Address of Administrative Office, Address of Branch etc. (Pl provide proof of Address)

Registered Address

Other Address/es

Nature of Activity
 Manufacturing Trade Services NBFC NPO Religious
 Bank Co-operative Bank Co-operative Society Others (please specify)

Dealing with Other Banks/ Branches of South Indian Bank

Name of Bank and Branch

Type of Account/facility

SB Current a/c OD

Customer ID
(if already dealing with South Indian Bank)

Customer Name

Customer Signature/s

| | |
|----|----------------------|
| 1. | <input type="text"/> |
| 2. | <input type="text"/> |
| 3. | <input type="text"/> |

DECLARATION OF BENEFICIAL OWNERSHIP

I /We declare that the following persons ultimately own and/or control the Entity: *(please tick the appropriate box)*

- Sole proprietorship/partnership – the sole proprietor or all the partners, as the case may be.
- (Associations/Clubs/Societies) all the members of the association/club/society.
- (Companies) 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 3, please attach the list along with certified true copies all BO's identity documents).

| Particulars | Beneficiary Owner | | |
|---------------------|-------------------|-------|-------|
| | 1 | 2 | 3 |
| Photo | Photo | Photo | Photo |
| Full Name | | | |
| ID No./Passport No. | | | |
| Nationality | | | |
| Residential Address | | | |
| Contact No. | | | |
| Email id | | | |
| % of shares # | | | |
| % of voting rights | | | |

I/We undertake to inform the Bank in writing should there be any changes of my/our ownership / Share holding structure in future.

| Name | Signature | Date |
|------|-----------|------|
| 1. | | |
| 2. | | |
| 3. | | |

Note: **Beneficial Owner/s-** definition - *'the natural person/s who ultimately owns and controls a client and/or the person/s on whose behalf the transaction is being conducted and includes a person who exercises ultimate and effective control over a judicial person'*. Where the client is a person other than an Individual or Trust, the bank shall identify the beneficial owner/s as follows. Where,

- a) The customer is a **corporate**, individuals/entities having ownership of more than 25% of the share Capital / profits.
- b) The customer is an entity other than a corporate, individuals/entities having ownership of more than 15% of the share capital/profits.
- c) The effective and ultimate control may be through voting rights, agreement, arrangements etc.
- d) The effective and ultimate control is not through a "Natural person/"entity", the relevant natural person who holds the position of Senior Managing official to be identified.
- e) The juridical person is a **trust**, the settler of the trust, the trustee, the protector or the beneficiaries with 15% or more interest in the trust and any other natural person exercising ultimate effective control over the trust.

Authorised Signatories

| Name of the Authorised Person | 1 | 2 | 3 |
|--|-------|-------|-------|
| Photo | Photo | Photo | Photo |
| Specimen Signature <i>(Please affix rubber stamp wherever required)</i> | | | |

Name: _____ Signature _____

Bank Official in whose presence signed (PPC _____)

Sole Proprietorship Declaration

I, the undersigned carry on business under the name and style of M/sof which firm I declare, I am sole proprietor/proprietrix. I request you, until written notice from me to the contrary, to regard me as sole proprietor/proprietrix, and to honour my signature and my signature only for the firm. I agree to comply with and be bound by rules of the bank in this regard.

Yours faithfully,

Signature of Proprietor/proprietrix When signing for the firm (over seal)

Personal Signature

Partnership Declaration

We, the undersigned (full name of each partner to be filled in here).

- 1 2
3..... 4
5..... 6
7..... 8
9 10.....

request you to take notice that we are trading in partnership under the style of and that at the present time we are the only partners. Please take note that the signature of either or any of us on all cheques is to be honoured by you on behalf of our firm and this applies whether our account is in funds or overdrawn. Kindly also note that the signature of any one partner on any document whatsoever will be binding on all of us individually or on the partnership. In the event of any change occurring in the firm by the introduction of any new partner or the retirement, death, expulsion or insolvency of any partner or the dissolution of the firm, notice shall forthwith be given in writing to the Bank at your branch.

Yours faithfully,

(Each partner to affix his/her personal signature here).

- 1 2
3..... 4
5..... 6
7..... 8
9 10.....

* Use Additional sheets if required

Limited Companies

We produce the following papers for your files;

- i) Copy of the Memorandum and articles of association,
ii) Certificate of incorporation and its photo copy (Original produced returned to us),
iii) Certificate of commencement of business and its photocopy (Original produced returned to us),
iv) Copy of the resolution of the Board of Directors permitting and regulating the conduct of the account (it should read more or less in the following manner and should be signed at least by two directors and the chairman)

"Resolution Nopassed on resolved that a banking account for the company be opened with the South Indian bank and that the said bank be and is hereby authorized to honour cheques, bill of exchange and promissory notes drawn, accepted, endorsed or made on behalf of the company by to act on any instructions so given relating to the account whether the same be overdrawn or not relating to the transactions of the Company"

Place:

Chairman.....

Date:

Secretary.....

Director.....

Director.....

v) Specimen signature of the authorized signatories. The company undertakes to inform the bank whenever any change occurs in the authorized signatories or in the Articles of association from time to time and to pay all such cheques/ drafts/ bills sent for collection/ discount/ purchase and returned unpaid for want of funds, or otherwise.

Signature of Secretary

Hindu Undivided Family

I hereby declare that (1) I am the Karta of the Hindu Undivided Family (HUF) viz., composed of myself, my sons/daughters, my brothers/sisters, their sons/daughters, etc. and that all dealings and transactions are being entered into by me as Karta and Manager of the said HUF composed of the persons mentioned below. (2) That although I am fully entitled as such Manager to deal with the bank, as all the dealings are for the benefit of the HUF and all monies are required for the purpose of the HUF necessities and it is unnecessary to have any authority from the members of the family, I have for your satisfaction got this letter duly signed by the other adult members of the family. (3)The said HUF is not having any trading or commercial activities and hence the HUF is eligible to open an SB account in its name or As the HUF is having trading and commercial activities, as detailed here below, the HUF is not eligible to open an SB account in its name and hence please open a Current account in the name of the HUF.* (* strike off if not applicable).

Name and address of the trading/commercial concerns under the ownership of the HUF

1.

2.

Signature of Karta

Adult members of HUF with name and address:

1.....

2.....

3.....

Name and age of minor co -parceners:

1.....

2.

DECLARATION FOR TRUSTS

The account will be operated by..... who has been authorised by the Trust Deed and Resolution No.....dated of the Trustees /Authorised signatories. A certified copy of the resolution signed by all Trustees/ Authorised signatories is attached herewith. A copy of Trust Deed dated duly certified is sent herewith. In future if any change is required in the name of the operators of the account, it will be effected by a resolution of the Board of Trustees and you will be informed accordingly in writing by all the trustees and you will allow such persons to operate upon the account. We agree to comply with and be bound by Bank's rules now and from time to time in force for the conduct of such accounts. We have received the.....deposit rules annexed to this account opening form and agree to abide by the same.

**** (For SB FCRA A/c) :** We shall submit prior permission/ communication from Ministry of Finance for accepting foreign contribution within 3 months and you may not accept any foreign contribution till such time we submit the communication.

We certify that this is the only FCRA Account opened and held by the Trust and that the foreign contributions received by the Trust will be strictly in accordance with FCRA Act and Rules.

Name of Trustees Signature (With Seal)
 1. 2.
 3. 4.

Clubs/Associations/Societies*

We are sending herewith (i) A copy of the byelaws or rules and regulations governing the activities of the organization, (ii) a list of the office bearers of the organization with their names, address and signature and (iii) A resolution for opening the account with operational instructions. We undertake to inform the bank whenever any change in the constitution or office bearers of the organization takes place from time to time.

Signature of President.....Signature of Secretary.....

***Savings Bank account can be opened only by organisations/ bodies as referred in eCircular 520/O&M&C-GEN/27/11-12 dated 22-March 2012.**

Nomination

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 the advantages of nomination/benefits of nomination have been explained to me/us. I/We do not want to avail the nomination facility.

Signature of Depositor/s (1) (2) (3)

NOMINATION FORM DA-1

(applicable in accounts of sole proprietorship concerns only)

NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES 1985 IN RESPECT OF BANK DEPOSITS

I/We _____ (Name and address)

Nominate the following person to whom in the event of my/our/minors death the amount of the deposit, particulars of whereof are given below may be returned by The South Indian Bank _____ (Name and address of the branch/office where the deposit is held)

| Details of Deposit | | Nominee | | | |
|--------------------|-------------|---------|---------|-------------------------------------|---|
| Nature | Account No. | Name | Address | Relationship with depositor, if any | If nominee is a minor, date of birth & age ** |
| | | | | | |

Additional details, if any _____

*As the nominee is a minor on this date, I/We appoint

Shri/Smt/Kum. _____ (Name)
 _____ (Age) _____ (address)

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, Signature and address of witness/es: _____ *****Signature(s)/Left hand thumb impression(s) of depositor/s**

1. _____ 1.
 2. _____ 2.

*Strike out the inapplicable/strike out if nominee is not a minor.** Where the 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 *** If the party is affixing a thumb impression, it should be attested by two witnesses and Manager/ Asst. Manager

Acknowledgement for nomination registration will be issued by the bank

VALUE ADDED SERVICES

I/We request you to offer me/us the following services, in my/our account.

I. ANYWHERE BANKING FACILITY in the below category

Category GENERAL STANDARD SILVER GOLD PLATINUM RUBY
DIAMOND
Average Monthly credit balance Rs.5000/- Rs.10,000/- Rs.50,000/- Rs.1 lac Rs.5.lac Rs.10 lac Rs.25 lac

Number of ABB cheque books(25 leaves each) required for the next 12 months :

* I / We have read and agree to abide with rules and regulations of the product. I/We agree to the charges prescribed by the Bank from time to time.

Rubber Stamp Style (Affixed style will be used in the cheque book)

Space for Specimen Signature and Designation

II. SIB CARD (GLOBAL ATM-CUM-DEBIT CARD) (Applicable only for individuals and sole proprietorship) YES NO

Name to be printed on the Card

Add On Card Required : YES NO

Name to be printed on the Add-on Card

III. SIB SMS (MOBILE BANKING) : YES NO

Mobile Number

(Tick the Alerts you want to receive, on your mobile number. Maximum 3. Also enter the alert amount of your choice.

Amount minimum cut off Rs.1000/-)

| | | | |
|-------------------------------|----------------------|--------------------------------|----------------------|
| Account balance falls below | <input type="text"/> | Withdrawal equal to or above | <input type="text"/> |
| Remittance equal to or above | <input type="text"/> | Withdrawal equal to or above | <input type="text"/> |
| Remittance of specific amount | <input type="text"/> | Withdrawal of specific amount | <input type="text"/> |
| | | Cheque Book Issue Notification | <input type="text"/> |

I prefer not to receive alerts between (Indian Standard Time) (hh:mm) and (hh:mm)

(The Alerts for maturity of deposits and repayment of loan accounts, linked to the customer Id will be sent automatically).

iv. SIBerNET (INTERNET BANKING) If yes, please fill separate SIBernet application form for corporate.

Linking other accounts to the value added services (optional, can be done subsequently too)

| Service/s required (I,II,III) | Account No. | Customer Id |
|-------------------------------|-------------|-------------|
| | | |
| | | |

General Declaration

I/We have read all the pages in the application form. 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, the terms and conditions related to the Account, Anywhere banking facility, Global ATM-cum-debit card, Internet Banking, Mobile Banking service offered by The South Indian Bank Ltd and undertake to abide by the said rules. I also acknowledge that the Bank may from time to time change the same. The latest terms and conditions shall be as published in the website of the Bank, www.southindianbank.com or as made available in the branch notice board.

I/We also authorise 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.

Joint Account Holders Declaration for Internet/Mobile Banking

I/We the joint holder(s), hereby authorize Mr/Mrs/Miss (a joint holder of the account) to use the Internet Banking and Mobile Banking services. I/We also agree and undertake that all acts, deeds, things etc. done or omitted to be done by him/her shall be binding on me/us and I/We shall not question the same. I/We also agree that various terms and conditions accepted and signed by him/her shall be binding on me/us.

Signature 1

2

3

Introduction from an existing account holder (at least six months old satisfactorily conducted and KYC compliant account).

| | | | |
|----------|---------|-----------------------------|--------------------------------|
| Name: | | Account No. | |
| Address: | | Date of opening of the A/C: | |
| | | Customer ID: | |
| Pin: | Email: | Branch Name: | |
| Tel No. | Mobile: | Fax: | Type of A/c. SB / CA / CC/ OD: |

I / We certify that, Mr./ Mrs./ Ms. / M/s is/are known to me/us personally since last.....months / years and confirm the occupation and address stated in this application form for opening account are correct to the best of my/our knowledge and belief.

Date (Signature of the Introducer)

| | |
|------------------------------|------------------------|
| Verified and Account opened: | For Branch Use |
| Date : | Authorised Signatory : |
| Canvassed by : | Signature Code : |
| (Name & PPC No.) : | PPC No. : |