# SIB Internet Banking Application Form (SIBerNet) (For Retail Customers)

To

Branch: ................................................................. Br. Code  

ID  MM  YY  

I wish to register as a user of "SIBerNet", Internet Banking Service of The South Indian Bank Ltd.

<table>
<thead>
<tr>
<th>Name of Customer:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number:</td>
<td></td>
</tr>
<tr>
<td>Customer ID:</td>
<td></td>
</tr>
</tbody>
</table>

**NB:**
1. All linked accounts under customer ID will be automatically enabled for Internet Banking operations.
2. In joint accounts with mode of operation as "Either or Survivor", if more than one joint holder(s) wish(es) to use Internet Banking operations, each of such joint holders shall submit a separate SIBerNet Application Form and shall use separate SIBerNet IDs and passwords linked to such holder's Customer ID to access/use such joint account.

(Notes: All communications regarding SIBerNet will be sent to the Mobile Number E-mail ID registered with bank)

**DECLARATION**

I affirm, confirm and undertake that I have read and understood the “Terms and Conditions” in the website for the usage of Internet Banking of The South Indian Bank Ltd. (hereinafter referred to as “SIB”) and I am aware of the nature of services offered by SIB through Internet Banking and charges applicable, as set for in SIB’s website/Internet Banking site and I agree on my own behalf or as mandate holder on behalf of the joint account holders, and will adhere to all the terms/conditions of opening/applying/maintaining/operating (as applicable) for usage of Internet Banking of SIB as may be in force from time to time. I further authorize SIB to debit my Account(s) towards any charges for Internet Banking. I/We understand that My SIBerNet ID will permit me to do transactions up to the limits set by the Bank. I/We understand that the funds can be transferred from all accounts under my Customer ID linked to my SIBerNet ID to any account with the bank or in other banks. Also I understand that these limits are applicable to all the accounts/customer IDs that may be linked to my SIBerNet User ID in future. I declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct and complete and up-to-date in all respects and I, and other joint account holders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information that SIB may require. I agree and understand that SIB reserves the right to reject any application or block the Internet Banking facility to any account or withdraw Internet Banking Service without assigning any reason. I agree and understand that SIB reserves the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me. I authorize SIB or their agents to make references and enquiries which SIB or its agents consider necessary in respect of or in relation to information in this application/further applications. I hereby agree and authorize SIB or their agents to exchange, share or part with all the information, data or documents relating to my /our application to other Banks/Financial Institutions/Credit information Bureaus/Agencies/Statutory Bodies/such other persons SIB or its agents may deem necessary or appropriate as may be required for use or processing of the said information/data by such persons or furnishing of the processed information/data/products therof of other Banks/Financial Institutions/Credit providers/users registered with such persons and shall not hold SIB or its agents liable for use of this information. I agree and understand that I have to complete further applications for specific liability products/services from SIB, as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application (and vice versa), and that unless otherwise disclosed in such further forms as prescribed, the particulars and information set forth herein as well as the documents referred or provided herewith are true, complete and up-to-date in all respects. I agree and understand that such further applications will require incorporation of the application form number, and/or such details as SIB may prescribe, to facilitate data management.

## Daily Fund Transfer limits (Cumulative)

<table>
<thead>
<tr>
<th>Self Fund Transfer</th>
<th>Third Party Fund Transfer</th>
<th>External Fund Transfer</th>
<th>IMPS Fund Transfer -P2A</th>
<th>IMPS Fund Transfer -P2P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rs.5 Lakh</td>
<td>Rs.3 Lakh</td>
<td>Rs.3 Lakh</td>
<td>Rs.1 Lakh</td>
<td>Rs.10,000</td>
</tr>
</tbody>
</table>

P2A - Fund transfer using A/c No & IFSC; P2P - Fund transfer using mobile number MMID

I agree that the existing limits for online fund transfer may change from time to time at the discretion of the bank.

Date: ....................................................... Place: ....................................................... Customer Signature: ....................................................

**Mandate by Joint Account Holders**

To, Branch Manager: South Indian Bank Ltd.,

Branch: .................................................................

I/We am/are maintaining an account as above with SIB and the account/s is/are being operated by, .............................................................individually/jointly. I/We wish to register my/our account with SIB for using the Internet Banking Service, known as “SIBerNet”. I/We hereby authorize Mr./Mrs./Miss. .............................................................to open Internet Banking Service Account with SIB and avail the services provided by the Bank. I/We also agree and undertake that all the acts, deeds, things etc... done or omitted to be done by the said Mr./Mrs./Miss. .............................................................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 the said Mr./Mrs./Miss. ............................................................. shall be binding on me/us.

Yours faithfully,

................................. Joint Account Holder -1 ................................. Joint Account Holder -2 ................................. Joint Account Holder -3 .................................

**For office use**

Certified that the above account is one in which full formalities relating to KYC and AML guidelines are complied with and that there are no adverse comments about the account in KYC audit.

(The RM of the branch has to sign this application form confirming that the account number, signature(s) and operational instructions are valid.)

<table>
<thead>
<tr>
<th>Branch Name</th>
<th>RM/Manager/Officer with date</th>
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