



PRIORITY BANKING PROGRAM

SIB PRIME – MY FAMILY

CUSTOMER ENROLMENT / MY FAMILY SIGN-UP FORM

To

The South Indian Bank Ltd.

..... Branch

Dear Sir,

Sub: Customer Enrolment / family Sign-up form for Priority Banking Program.

I/ We state and confirm that Mr./Ms. _____, the holder of CIF _____ shall be referred to as “Primary” customer and all other members of group shall be referred to as the “Sub Members”.

I/ We the undersigned are customer/customers of your bank and my/our Customer IDs (CIFs) are mentioned in the table below. We wish to form a group as detailed in the table below for availing the benefits extended as a part of the Priority Banking Program.

I/We agree and confirm that the ‘Primary’ customer specified herein will act as a single point of contact for the group and shall be responsible only for the management of grouping.

I/ We agree and confirm that the Primary shall be entitled to add such further sub members/ delete any of the sub members jointly with the incoming/ outgoing sub members (respectively) by informing the Bank in writing in prior and the Bank shall be entitled to act upon the same without receiving any further confirmation from the Group.

I/ We agree and confirm that this program will supersede all existing benefits arising out of any other program or promotional offers and that I/ We have no objections in being contacted by the Bank for the promotion of products and services.

I/ We agree and confirm that the program benefits may be withdrawn by the Bank without any prior notice, if the qualifying criteria are not met by me/ us during the quarter.

Sr. No.	CIF	Name	Relationship with the Primary Customer	Signature
1.			Primary Customer	
2.				
3.				
4.				
5.				
6.				
7.				
8.				

Under the SIB Prime – My Family Program, I/We collectively agree to maintain the required balance / relationship value in our Savings Bank / Current account as per the below mention eligibility conditions.

Select	Family Type	Balance requirement across all family accounts	Initial funding for Sub-Member
<input type="checkbox"/>	SIB Prime Platinum	Quarterly Average Balance of Rs. 5,00,000.00	As per scheme selection (Silver, Gold, Ruby, Diamond, Platinum)
<input type="checkbox"/>	SIB Prime	Quarterly Average Balance of Rs. 2,00,000.00	As per scheme selection (Silver, Gold, Ruby, Diamond, Platinum)

Terms & Conditions of Grouping:

- One CIF has to be maintained as ‘Primary CIF’. The Primary CIF will be the first and single point of contact for the whole group regarding management of this grouping and for any communication to the group. Addition or deletion of any CIF to the group requires the written consent of the Primary CIF along with the CIF being added/ deleted.
- Following Relatives of the Primary customer are allowed to be grouped: Spouse, Parents, Mother / Father-In-law, Children and Son / Daughter-in-law, Grandchildren and Grandparents. Relationship is to be authenticated by the customer. No relationship proof is required.
- Up to 8 CIFs (including 2 CDs) only are allowed in a group.
- Trusts, Associations, Schools, Societies and Clubs cannot be grouped. HUF CIF can be grouped if Karta is the Primary of the group.
- Minors can be grouped but cannot be ‘Primary CIF’ for the purpose of this program.
- Primary and all Sub members to be included in this letter should be valid CIF holders with the Bank.

Declaration:

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief. I undertake to inform the Bank 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 the same. I also confirm that I have read, understood and agree to the terms and conditions of the bank.

Place : _____

Date : _____

Primary Customer Signature

For Branch Use Only			
Branch Sol ID		Group ID	
Category	SIB Prime Platinum <input type="checkbox"/>	SIB Prime <input type="checkbox"/>	(Tick the appropriate box)
RM Name and Code		RM Signature	
BM Name and Code		BM Signature	
Customer Signature Verified By – (Name and Code)		Signature Verified By – (Signature)	

I hereby declare that all the members are belonging to the same family. Request to enrol to SIB Prime – My Family as per the request submitted.

BM / RM Signature