



Branch

Br. Code  Customer ID

Account No.

### Customer KYC Form - Individual

#### Personal Details

Customer Name

Title

Maiden Name (if any)

Father's Name

Mother's Name

Mothers' Maiden Name (if any)

Spouse Name

Gender  Male  Female  Transgender

Marital Status  Married  Unmarried  Others

Date of Birth  ISO-3166 Country Code of Birth

Place of Birth ..... Community .....

Resident  Non Resident  Foreign National  Person of Indian Origin

Nationality  Indian  Other - Country Code

Occupation  Private Sector Service  Public Sector Service  Government Sector Service

Business  Professional  Self Employed  Retired

Housewife  Student  Other - specify .....

#### Income Details

Annual Income (in INR)  Below 1 Lac  1 to 5 Lac  5 to 10 Lac

10 to 15 Lac  15 to 25 Lac  25 Lac and above

Net Worth (in INR) Rs. .... as on .....

#### Education

Education  Below SSC  SSC  HSC

Graduate  Masters  Professional

Colour Photo

Customer Signature

Customer KYC Form - Individual

Proof of Identity

PAN, Voter ID, UID (Aadhaar), Driving Licence, Passport No., NREGA Card No., Expiry Date, Other Proof of Identity (Type).....(No.).....

Address

Preferred Address, Permanent, Communication, Office, Proof of Address, Permanent Address, Communication Address, Office Address, State, PIN, Country, Emp. ID, If SIB Staff PPC

Customer Signature







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**Account Opening Form (SB / CD / TD) - Individual**

**Type of Account**

I / We request you to open a SB (Savings) / CD (Current) / TD (Term Deposit) account as under;

SB Privilege     SB Youth Plus     SB Mahila     SB Junior     SB Basic  
 Other SB, please specify .....  
 CD Smart     CD General     Other CD, please specify .....  
 TD - KND Cumulative     FD     RD     Fast Cash     Flexi Deposit  
 Other TD, please specify .....

**Mode of operation**

Mode of operation     Self     Jointly     Either or Survivor     Former or Survivor  
 Guardian, till majority     Minor (no chq book)     Other, please specify .....

**Nomination**

Nomination required     Yes (Please fill form DA-1)     No

**Deposit Details**

Domestic     NRE     NRO     FCNR     RFC  
 Deposit Amount ..... Currency   
 in words .....  
 Period of Term Deposit    Days          Months  
 Interest payment frequency ( M / Q / Y )      
 A/C for principal Dr. / interest Cr.   
 On Maturity:     Renew Principal and Interest     Renew Principal     Auto closure  
 Mode of Remittance     Cash     Transfer from A/C     RTGS/NEFT  
 Chq/DD No. .... Date ..... Bank .....

**Account Holders**

1<sup>st</sup> holder Name   
  
  
 Customer ID     Type of holder.....  
  
          
 Signature    Signature    Signature

**Account Opening Form (SB / CD / TD) - Individual**

2<sup>nd</sup> holder Name

Customer ID  Type of holder.....

3<sup>rd</sup> holder Name

Customer ID  Type of holder.....

**KIOSK Accounts**

KIOSK Ref No.

**Channel Request**

I. Anywhere Banking Facility required  Yes. If yes, ABB Category .....  No

No. of ABB cheque books (25 leaf) required..... Special print request .....

II. ATM cum Debit Card required  Yes. If yes, Preferred variant .....  No

Name to be printed

PIN preference  Green PIN (self creation at ATM)  PIN Mailer (sent to branch)

III. Internet Banking required  Yes  No (If Yes, Please fill separate form)

IV. Mobile Banking (SIB M-Pay) required  Yes  No (If Yes, Please fill separate form)

V. SMS Alerts required on Mobile  Yes  No

Account balance falls below  Account balance goes above

Remittance equal to or above  Withdrawal equal to or above

Credit of a specific amount of  Debit of a specific amount of

Cheque book issue alert  Deposit Maturity alert  Loan Installment alert

Prefer not to receive alert between (Indian Time)  :  and  :

**1<sup>st</sup> holder's Address**

1<sup>st</sup> holder's address (Please fill separate KYC forms for each holder) .....

..... City .....

State..... PIN .....Country .....

Email .....

Mobile / Tel .....

Signature

Signature

Signature

**Account Opening Form (SB / CD / TD) - Individual**

I / We authorise you to link Aadhaar No.

to my/our account for subsidies & for using aadhaar and biometric for aadhaar authentication service, E-KYC.

**Credit Facilities**

I / We are not enjoying any credit facilities from the banking system

I / We are enjoying credit facilities from the banking system, as listed in our enclosed letter. The NOCs from the lenders (applicable for current accounts) are also enclosed.

**Introduction**

I / We confirm that I/we personally know the applicant/s for more than ..... Months and confirm his / her / their identity and address as stated above.

Name ..... (Customer ID .....) and Signature .....of Introducer

**Thumb impression Witnessing**

Thumb impression of 1<sup>st</sup> / 2<sup>nd</sup> / 3<sup>rd</sup> (Strike off whichever is not applicable) holder affixed in my /our presence.

Signature of Witness 1 ..... Signature of Witness 2 .....

Name ..... Name .....

Address..... Addres.....

.....

Mobile / Tel ..... Mobile / Tel .....

**General Declaration**

I/We have read and understood all the pages in the application form and KYC form. I/We hereby declare that the above information provided by me/us is true to the best of my/our knowledge and belief, and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it. I/We would like to share my/our personal / KYC details with Central KYC Registry, tax authorities / regulators both local and foreign.

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/us, the terms and conditions including minimum balance rules, charges, authorizations, etc. related to the Account and channel facilities / technology products, and undertake to abide by the said rules. I/We also acknowledge that the Bank may from time to time change the same. The latest terms and conditions published in the website of the Bank, [www.southindianbank.com](http://www.southindianbank.com) and/or made available in branch premises, is sufficient notice to me/us. I/We also authorize 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 / appropriate authorities. I/We understand that the bank may at any time without notice to me/us combine and consolidate all or any of my/our account(s) and set off or transfer any sum or sums standing to the credit of any one or more of such account(s) in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. If by error overdraft is created in my/our account, I/We undertake to pay the same with applicable rates of interests. If by mistake, the bank credits cash / cheques pertaining to other customers to my/our account(s), I/We undertake to inform the bank of the same and refund the same with interest and without any demur.

I/We declare that I/We am/are aware of the advantages of nomination / benefits of nomination were explained to me/us.

Signature

Signature

Signature

Account Opening Form (SB / CD / TD) - Individual

Purpose of account

Purpose of account .....

Line of business .....

Any other information / status .....

.....  SIB Staff; if so, mention PPC No.

Minor's accounts (Required only in cases of guardian operating the Minor's account)

Source of funds : Self funds / Minor's funds (strike off whichever is not applicable)

I declare that the withdrawals from the account will be made only for utilizing the amount for the benefit of the minor. I shall indemnify the bank against the claim of the above minor/s for any transaction/withdrawal made by me in his/her account.

Signature of guardian .....

Mandate in joint accounts with survivor clause (Required only in case of Term / Fixed deposits)

The bank may on receipt of a written application from any one of us or survivor(s), subject to the terms and conditions as the bank may stipulate,

- grant loans/advances against proceeds of the term deposit in our joint names [with Either or survivor / Former or survivor mandate]
make premature payment of the proceeds of the deposit to any one of us or survivor(s)

Signature box

Signature

Signature box

Signature

Signature box

Signature

Place

Date

Office Use

Canvassed by PPC

CRM Lead ID

Nomination No.

Signature of Officer (Sign Code.....)

Signature of Officer (Sign Code.....)

Signature of Branch head (Sign Code.....)

Signature of Branch head (Sign Code.....)



**FORM DA 1**

Nomination under Section 45 'ZA' of the Banking Regulation Act, 1949 and Rule 2(1) of the Banking Companies (Nomination) Rules 1985 in respect of bank deposits.

I/We ..... (Names and addresses) .....  
 ..... nominate the following person to  
 whom in the event of my our/minor's death the amount of the deposit, particulars where of are given below, may be  
 returned by The South Indian Bank Ltd.Br. ....

Details of Deposit			Nominee				
Nature of deposit	Dist.No	Addl. details, if any	Name	Address	Relationship with depositor if any	Age	If nominee is a minor, date of birth and age.

2. + As the nominee is a minor on this date. I/We appoint Shri/Smt/Kum .....  
 .....(name, address and age) .....  
 ..... 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 : \* Signature(s) / Thumb impression(s) of depositor(s)

Date :

Name(s), signature(s) and address(es) of  
 witness(es) @

Note:

- + Strike out if the nominee if the nominee is not a minor.
- Where 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 thumb impression, it should be attested by two witnesses and Manager/Asst. Manager.

**NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON.**