

**FOR BRANCH USE**

Branch :

Code No. :

Customer ID : A/c No. :

Fill up/tick mark ✓

CUSTOMER RELATIONSHIP AND CURRENT ACCOUNT OPENING FORM**Applicant Details**

Name / Account Title _____

Date of Birth / Incorporation PAN

Joint Applicant _____

(Applicable where the primary applicant is an individual)

If the applicant is an individual : Gender Male Female Name of Father _____

Country of Domicile _____

Registered/Permanent Address**Communication Address**

PIN Code _____

Mobile _____

Tel Res _____

Tel Off _____

Email ID _____

Constitution
 INDIVIDUAL SOLE PROPRIETORSHIP PARTNERSHIP COMPANY (Private / Public Ltd) CLUB
 TRUST STATUTORY BODY ASSOCIATION OTHERS: _____ (Specify)
Occupation :**Line of Business:****Special Status(blind, illiterate etc.)****Nationality :****Source of Funds:****Monthly income:****Assets :****Liabilities :****Initial Deposit**
 Cash TT Transfer from (Account No) RTGS NEFT
 Cheque/DD Bank _____ Cheque/DD No. _____ Date _____

Amount (in figures) _____ (in words) _____

Operational Instructions**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

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

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 No.....passed on.....resolved that a banking account for the company be opened with the South Indian bankand 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

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

Average Monthly credit balance Rs.5000/- Rs.10,000/- Rs.50,000/- Rs.1 lac

Category PLATINUM RUBY DIAMOND

Average Monthly credit balance 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 the 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) Yes No

(Applicable only for individuals and sole proprietorship)

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 Country Code 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 _____ Account balance goes above _____

Remittance equal to or above _____ Withdrawal equal to or above _____

Remittance of specific amount _____ Withdrawal of specific amount _____

Cheque Book Issue Notification

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) Yes No

If yes, please fill separate SIBernet application form for corporates.

LINKING OTHER ACCOUNTS TO THE VALUE ADDED SERVICES (Optional, Can be done subsequently too)

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

Declaration

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 Current 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 jointholder(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

Date:

NOMINATION

NOMINATION FORM DA1

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/minor's death the amount of deposit, particulars whereof are given below

may be returned by The South Indian Bank Ltd,.....(Address of the branch where deposit is held.)

Details of Deposit			Nominee		
Nature of Deposit	Distinguishing Number	Additional Details, if any	Name & Address	Relationship with depositor, if any	If nominee is a minor, date of birth and age*

* As the nominee is a minor on this date, I/We appoint.....(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)/Left hand thumb impression(s) of depositor/s

Date

Name, Signature and addresses of witness/es 1

2

* Strike out the inapplicable/strike out if nominee is not a minor. **Where the deposit is made in the name of the 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.

Dealing with other Banks

Name of the Bank & Branch	Nature of facility	Limit

Customer Signature

Photograph 1st Applicant	Mr./Mrs./Miss
	Designation
	Signature <input type="text"/>

Photograph 2nd Applicant	Mr./Mrs./Miss
	Designation
	Signature <input type="text"/>

Photograph 3rd Applicant	Mr./Mrs./Miss
	Designation
	Signature <input type="text"/>

Photograph 4th Applicant	Mr./Mrs./Miss
	Designation
	Signature <input type="text"/>

Introduction

Introduced by
(Name & Address)

Customer ID
Type of a/c & Number

Telephone Number

I confirm that I am an account holder of South Indian Bank for the past _____ months and personally know the applicant for more than _____ months and confirm his/her identity and address as stated above.

Introducer's Signature

Verified and Account Opened:

For Branch Use

Date :

Authorised Signatory

Canvassed By :

Signature Code

PPC No.