



Experience Next Generation Banking

Regd.Office, SIB House, P B No. 28
Mission Quarters, Thrissur, 680 001, Kerala

PHOTO 1 st APPLICANT	PHOTO 2 nd APPLICANT	PHOTO 3 rd APPLICANT
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Branch : _____
 Code No : _____
 Customer ID : _____
 A/c. No. _____

NRI CUSTOMER RELATIONSHIP CUM APPLICATION FORM

Please open my account as per details provided herein. For opening additional deposits or renewing existing ones, additional instructions will be given

Account TYPE	Non-Resident (external) account		Non-Resident (Ordinary) account	
	<input type="checkbox"/> Savings Bank	<input type="checkbox"/> Current account	<input type="checkbox"/> Savings Bank	<input type="checkbox"/> Current account

Personal Details

1st Applicant : _____ (Given Name) _____ (Middle name) _____ (Last name) [M] [F] Date of birth: [DD] [MM] [YYYY]

Parent/guardian (If applicant is minor) _____ [M] [F] Date of birth: [DD] [MM] [YYYY]

Marital status Married Single Others

Overseas Address *	Indian Address
Country _____ ZIP/PIN _____ Tel Res _____ Office: _____ Mob _____ Email ID _____	Pin Code _____ Mobile _____ Tel Res _____ Tel Off _____ Email ID _____

Occupation :

Joint Holder/s

2nd Applicant _____ [M] [F] [R] [NR] Date of birth: [DD] [MM] [YYYY]

3rd Applicant _____ [M] [F] [R] [NR] Date of birth: [DD] [MM] [YYYY]

Name of parent or guardian if any of the applicant is a minor _____ [M] [F] [R] [NR] Date of birth: [DD] [MM] [YYYY]

If joint applicant is Resident, Relationship with applicant:
 (If joint applicant is Resident, should be a "close relative" as per Sec.6 of Companies Act, 1956 and Operational instruction should be "Former or Survivor" with no eligibility to operate the account during the life time of the first applicant)

R – Resident NR – Non Resident

Mode of Operation: Self Former or Survivor/s Either or Survivor/s All/Both of us jointly or jointly by survivor/s (others)

Remittance Details:

Currency USD GBP EURO INR OTHERS **Amount (figures)** **Amount (words)**

Chq / DD No. _____ Date _____ Bank _____ enclosed.

Transfer From Account Number _____

Passport details:	Passport No.	Date of issue	Place of issue	Expiry date	Photocopy of Passport & Visa enclosed (Y/N)	PERMANENT ACCOUNT NUMBER	* TRC & Form 10F enclosed (Y/N)
1 st applicant	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
2 nd applicant	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>
3 rd applicant	_____	_____	_____	_____	<input type="checkbox"/>	_____	<input type="checkbox"/>

Please provide photocopy of Passport, VISA, RC, Form 10F & PAN of all applicants duly attested by Notary Public, Bank Official, Exchange House Official

* COMPULSORY FOR AVAILING BENEFIT OF LOWER TAX DEDUCTION AT SOURCE ON INTERST UNDER APPLICABLE DOUBLE TAXATION AVOIDANCE AGREEMENTS.

Please Tick if applicable Politically Exposed Person (PEP) Related to Politically Exposed Person (PEP)

If person of Indian Origin (PIO) please state (tick appropriately) (PLEASE ATTACH SUPPORTING DOCUMENTS)

I am an Indian Passport

My father/mother/grandfather/grandmother (name)is/was a citizen of undivided India.

I am the spouse of an Indian Citizen I am the spouse of a PIO

I am a foreign Tourist (eligible to open NRO account for periods not exceeding 6 months)

I request you to offer me the following services, in my SB account.

I. SIB CARD (GLOBAL ATM-CUM-DEBIT CARD) Yes No Card Preferred : **MASTER CARD (MAESTRO)** **VISA** **BOTH**

Debit card enabled for international transaction required Yes No

Name to be printed on the Card (Leave a box blank after each word)

Yes No.

Add On Card Required Name to be printed on the Add-on Card

II. SIBer NET (INTERNET BANKING) Yes No

Preferred User Id Choice 1 Preferred user Id choice 2

(All your accounts linked to the customer Id of the SB account will be linked to the service automatically) The user ID should be of fixed character length of 8

III. SIB SMS (SMS Alerts/Inquiry) Yes No Mobile Number

Country Code Number

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

Amount (minimum cut off Rs.1000)

Account balance falls below Rs. _____ Account balance goes above Rs. _____
 Remittance equal to or above Rs. _____ Withdrawal equal to or above Rs. _____
 Remittance of specific amount Rs. _____ Withdrawal of specific amount Rs. _____
 Cheque Book Issue Notification Deposit Maturity Notification

Loan Installment 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)

Do you wish to receive updates on products/promotional offers of SIB through mobile SMS/email/telephone: Yes No.

IV ANYWHERE BANKING FACILITY in the below category (Charges applicable as per the schedule of charges provided)

Category STANDARD SILVER GOLD NRE Diamond NRE Domestic PLATINUM (for NRO a/cs)
 Average Monthly credit balance Rs.1000 Rs.5000 Rs.10000 Rs.50000 Rs.100000/-

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

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

In addition to the services opted in my SB account, you may also offer the relevant services in my other accounts as mentioned below

Service/s required (I,II,III, IV above)	Account No.	Customer Id (All the accounts of the customer should be under a single Customer Id as per RBI instruction and hence it will be unified to one single customer ID)

Declaration by Applicant (s)

General Declaration

"I/We have read and understood all the pages in the application form. I/We agree to comply with and be bound by RBI rules and Bank's rules & regulations and terms & 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, rules of business and charges related to the NREaccount, Global ATM-cum-debit card, Internet Banking, Mobile Banking services offered by the South Indian Bank Ltd. and undertake to abide by the said rules. I/We also acknowledge that the bank may from time to time change the same. Latest terms and conditions shall be published in the web site of the bank, www.southindianbank.com or shall be made available in the branch premises. 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 hereby declare that I am/we are Indian national/s/Person(s) of Indian Origin resident outside India. I/we understand that the rules and regulations on the operation of NRI account schemes (including FCNR) are governed by Reserve Bank of India directives in general and as per powers delegated to the bank from time to time. I/We agree and undertake to abide by the same. I/We will not make available to any person resident in India any foreign exchange against reimbursement in India in Rupees or otherwise. I/We hereby undertake that in respect of NRO account all the debits to the account for the purpose of investment in India and credits representing sale proceeds of investments I/We will ensure that such investments shall be in accordance with the regulations made by Reserve Bank of India in this regard.

I/We hereby undertake to inform the bank immediately on my/our coming back to India for permanent settlement/residence. Under Section 10(5) Chapter III of Foreign Exchange Management Act 1999, I/We hereby declare that the transaction(s) details of which are specifically mentioned in the schedule does not involve and is not designed for the purpose of any contravention or evasion of the provisions of the aforesaid act or of any rules, regulation, notification, direction or order made there under. I/We also hereby agree and undertake to give such information(s)/document(s) before the bank, undertake the transaction(s) and as may be required from time to time as will reasonably satisfy you about the transaction (s) in terms of the about declaration. I/We also understand that if we refuse to comply with any such 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 holder's 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.

Customer Signature

1st Applicant Date

2nd Applicant Date

3rd Applicant Date

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 individual/individuals)

NOMINATION UNDER SECTION 45ZA OF THE BANKING REGULATION ACT 1949 AND RULE 2(1) OF THE BANKING COMPANIES (NOMINATION) RULES 1985 IN RESEPECT 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.
- 2.

- 1.
- 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.

Introduction

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

(Name and Address of introducer: _____)

Telephone Number

Account Number

Customer ID

Introducer's Signature

For Branch use:

Nomination Registration No.

We certify that

- 1) Verified the documents attached with the originals, as per KYC/AML guidelines and account opened
- 2) PAN verified at the Income tax Department website
- 3) We have explained the benefits of nomination to customer and he has accepted/declined

.....
 Authorized signatory (Signature Code)

.....
 Branch Head (Signature Code)

Canvassed by: Name & PPC :

Branch:

Specimen Signature/s

Mr./Mrs./Miss

Mr./Mrs./Miss

Mr./Mrs./Miss

Other related information – Know Your Customer (use separate form for each customer)

I. Name of the person for whom KYC details are furnished: _____

Name of parent/guardian in the case of Minor _____

Address: _____

II. Nature of Person: Natural Person Legal Person

Date of birth: DD MM YYYY

Gender: Male Female Others

Name of father: _____ Name of Mother _____

Religion: _____

Special Status: Minor Blind Senior Citizen Physically handicapped Retired Staff Staff Proprietorship Partnership Company HUF Trusts Society/Association

Date of incorporation DD MM YYYY

Creation Deed Nature

Whether registered Y N

If registered under act, dated

Whether beneficial owner:

If yes, Name 1.....2.....

Please provide KYC documents for the above beneficiary/s

III. Nationality Indian Foreign National PIONon-resident Status: Resident Non Resident

Country of Domicile _____

Date of establishing relationship with bank: DD MM YYYY

Please Tick, if applicable

 Politically Exposed Person (PEP) Related to Politically Exposed PersonIV. Occupation Private Sector Retired Business

Agriculturist

 Govt. Service Student Public Sector Housewife

Professional

 Others (specify)

Line of business / Source of funds _____

V. Marital Status Married Single Others

If married, details of spouse

Name

Date of Birth DD MM YYYY

Given Name

Middle name

Last name

Occupation _____ If account holder in our bank, Account. No. _____

VI. Educational Qualifications Illiterate Matriculate Graduate Post Graduate Professional Others _____VII. Monthly Income Up to 1 lac Above 1 lac to 5 lac Above 5 lac to 10 lac Above 10 lac to 50 lac 50 lac & above

VIII. Dealing With Other banks/Branches of South Indian Bank

1. Name of the Bank and Branch

Type of Account / Facility

A. _____

 SB Current OD Loan

B. _____

 SB Current OD Loan

C. _____

 SB Current OD Loan

Existing credit facilities, if any

 Car Loan Consumer Loan Edu. Loan Business Loan Housing Loan Loan against Shares Agri. Loan

If account holder in our bank, Account No. _____

PAN AADHAAR

Passport Number _____ Issued at _____ Issue Dt. _____ Exp. Dt. _____

Voter's ID No. _____

Driving License _____ Issued at _____ Issue Dt. _____ Exp. Dt. _____

(Produce anyone original with photostat copy - Original to be returned after verification)

Total Assets (in lacs)**Total Liabilities (in lacs)**

House / Flat _____

OD _____

Other property _____

Bank Loan _____

Jewels _____

Private Borrowings _____

Shares _____

Vehicles _____

Others _____

Total _____

Total _____

Place & Date:

Signature _____