

## Account Details Addition / Modification / Deletion Request Form

**The South Indian Bank Ltd.,**

Retail Banking Department, DEMAT Centre, 2 Floor, Shanu Tower  
No. IV/461A, North Kalamassery, Ernakulam-683104  
Tel/ Fax: 0484-2933561, Email Id: [demat@sib.co.in](mailto:demat@sib.co.in)



Application No.		Date	D	D	M	M	Y	Y	Y	Y
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Please fill all the details in Block Letters in English

DP ID	<b>I</b>	<b>N</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>3</b>	<b>9</b>	Client ID									
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<b>Account Holder's Details</b>	
Name of First / Sole Holder	
Name of Second Holder	
Name of Third Holder	

- I/We request to carry out the change of address / signature in the demat account.  
 I/We request to carry out the change of address / signature in the KRA and demat account

I/We request you to make the following additions / modifications / deletions to my/our account in your records.

DETAILS (Please specify change of address, bank details, telephone number etc.)	Addition / Modification / Deletion (Please specify)	Existing Details	New Details

Attach an Annexure (with signature(s)) if the space above is found insufficient.

	First/Sole Holder	Second Holder	Third Holder
Name			
Signature			

===== (Please Tear Here) =====

### Acknowledgement Receipt

Received Account Details Addition / Modification / Deletions request as per details given below:

Application No.		Date	D	D	M	M	Y	Y	Y	Y
DP ID		Client ID								
Name of the Sole / First Holder										
Name of Second joint Holder										
Name of Third joint Holder										
Modification requested for: [Specify reason]										

**Depository Participant seal and Signature**



FORM 9



PART I - KNOW YOUR CLIENT (KYC) APPLICATION FORM (For Individuals)

Demat Centre, Shanu Tower, 2nd Floor, No.IV/461A North Kalamassery, Ernakulam-683104, Ph: 0484-2933561 Email: demat@sib.co.in Website: www.southindianbank.com	<b>IN304439</b>
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<b>A. IDENTITY DETAILS</b>										Paste Passport size photo  <div style="border: 1px solid gray; padding: 5px; text-align: center;">Signature across Photograph</div>																
1	Name of the Applicant																									
2	Father's/ Spouse's Name																									
3	a) Gender		<input type="checkbox"/> Male		<input type="checkbox"/> Female		b) Marital Status		<input type="checkbox"/> Single		<input type="checkbox"/> Married		c) Date of Birth		D	D	M	M	Y	Y	Y	Y				
4	a) Nationality				<input type="checkbox"/> Indian				<input type="checkbox"/> Others (Please specify, _____)				b) Status		<input type="checkbox"/> Resident Individual				<input type="checkbox"/> Non Resident				<input type="checkbox"/> Foreign National			
5	a) PAN										b) AADHAR number, if any															
6	Specify the proof of Identity submitted										<input type="checkbox"/> PAN card <input type="checkbox"/> Any other (Please specify: _____)															

<b>B. ADDRESS DETAILS</b>																														
1	Residence / Correspondence Address										Correspondence Address										Residence Address									
											_____ _____ _____										_____ _____ _____									
	City/Town/Village										PIN Code																			
	State										Country																			
2	Specify the proof of address submitted for Residence /correspondence address																													
3	Contact details										Tel.(Off)										Tel.(Res)									
											Fax No.										Mobile No.									
											Email ID																			
4	Permanent Address (If different from above. Mandatory for Non-Resident Applicant to specify overseas address)										_____ _____ _____																			
											City/Town/Village										PIN Code									
	State										Country																			

<b>C. DECLARATION</b>																						
I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 am aware that I may be held liable for it.																						
Signature of the Applicant _____															Date							
															D	D	M	M	Y	Y	Y	Y

## Applicant Declaration

I/We hereby declare that the KYC details furnished by me/us are true and correct to the best of my knowledge and belief and I/We undertake to inform you any changes therein, immediately. In case any of the information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/We may be held liable for it. I/We hereby consent to receiving information from KRA through SMS/email on the above registered number/Email address.

I am/we are also aware that for AADHAR OVD based KYC, my KYC request shall be validated against AADHAR details.

I/we hereby consent to sharing my/our masked AADHAR card with readable QR code or my AADHAR XML/Digilocker XML file, along with passcode and as applicable, with KRA and other intermediaries with whom I have a business relationship for KYC purpose only.

X

Signature of the Applicant

FOR OFFICE USE ONLY										
Sr. No	Particulars									
1	Originals verified and Sel-Attested Document copies received									
2	In-Person-Verification(IPV) details:									
	a)	Name of the person doing IPV								
	b)	Designation								
	c)	Name of the Organisation								
	d)	Signature								
e)	Date									
Name and Signature of the Authorised Signatory								Seal/Stamp of the Intermediary		
Date	D	D	M	M	Y	Y	Y			Y