

To,
 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

DEMAT ACCOUNT APPLICATION FORM (Individual)

Check List

- Separate KYC forms and FATCA** required for **each holders** in case of joint demat account.
- Colour Photograph** (Recent passport size colour 3.5x3.5 cm) of all the applicants affixed on KYC form and **signed across the photograph.**
- KYC form** attached is duly filled and **signed by customer and branch official.**
- Proof of Identity (**PAN Card copy self-attested** and attested by Branch) of the applicant attached with the application and it is verified in person, **PAN should be linked with Aadhar or NRI status to be updated in Income Tax Site for NRE Clients**
- Verified **Address Proofs** supporting both correspondence & permanent address enclosed
 1. (Voter’s ID card/Driving License/Passport, Latest Tel Bill/Electricity Bill within 2 months).
 2. For NRI Repatriable (Passport/International Driving license Mandatory) &
 3. For NRI Non Repatriable (Proof of Indian Address Mandatory)
- All **proofs** must be **Self-attested** and **Branch attested with Wet Signature.**
- Attesting Officer's PPC & Name should be mentioned in the proofs & form**
- SB/CD A/C Statement of applicant with transaction & Cancelled Cheque Leaf attached
- Signatures are affixed by applicants in all the pages marked ‘X’ and Bank official marked ‘Y’ in Blue ink preferably and witnessed wherever necessary.(Witness in nomination form)
- A copy of Rights and Obligations to be provided to the customer for reference.
- All Columns in the application are filled in **Block letters**
- Bank MICR code, IFSC code** and account number in **16 digit format** are entered properly in application Form.
- Mobile Number, Email ID, Occupation ,Income Range, Nominee ID proof number is to be mandatorily filled in the form
- In case if same mobile number /email ID is used for multiple demat account opening ,then Family Flag request also to be submitted for account opening

Account Canvassed by: (Mandatory)

Name & PPC	
Designation & Branch	
Signature of the Employee	

-----Please tear here-----

Acknowledgement Receipt

DP ID: IN304439

Application No.:

Date:

We hereby acknowledge the receipt of the Account Opening Application Form:

Name of the Sole/First Holder	
Name of the Second Holder	
Name of the Third Holder	

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	IN304439
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A. IDENTITY DETAILS										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. ADDRESS DETAILS														
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					

C. DECLARATION																						
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



FORM 9
PART II – ACCOUNT OPENING FORM
(FOR INDIVIDUALS)



Demat Cell, 2nd Floor Shanu Tower North Kalamassery Ernakulam-683104 Ph: 0484-2933561, E-mail: demat@sib.co.in DP ID : IN304439	Client –ID (To be filled by Participant) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

I/We request you to open a depository account in my/our name as per the following details: *(Please fill all the details in CAPITAL LETTERS only)*

	Date										
A) Details of Account holder(s):											
Account holder(s)	Sole/ First Holder			Second Holder				Third Holder			
Name											
PAN											
Occupation <i>(please tick any one and give brief details)</i>	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist	<input type="checkbox"/> Private Sector	<input type="checkbox"/> Agriculturist			
	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Retired			
	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife	<input type="checkbox"/> Government Service	<input type="checkbox"/> Housewife			
	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student	<input type="checkbox"/> Business	<input type="checkbox"/> Student			
	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)	<input type="checkbox"/> Professional	<input type="checkbox"/> Others (Please specify; _____)			
Brief details:											

B)	For HUF , Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the HUF , Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:
	a) Name <table border="1" style="width:95%; height: 20px; border-collapse: collapse;"></table>
	b) PAN <table border="1" style="width:95%; height: 20px; border-collapse: collapse;"></table>

C)	Type of account <input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> NRI-Non Repatriable <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Foreign National <input type="checkbox"/> Margin <input type="checkbox"/> Others (Please specify) _____ <input type="checkbox"/> Promoter
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D)	Gross Annual Income Details Income Range per annum (please tick any one) <input type="checkbox"/> Below ₹ 1 lac <input type="checkbox"/> ₹ 1- 5 lac <input type="checkbox"/> ₹ 5- 10 lac <input type="checkbox"/> ₹ 10- 25 lac <input type="checkbox"/> More than ₹ 25 lac
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E)	In case of NRIs/ Foreign Nationals RBI Approval Reference Number <table border="1" style="width:95%; height: 20px; border-collapse: collapse;"></table> RBI Approval date <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> <td style="width:12.5%;"></td> </tr> </table>								

F)	Bank details 1 Bank account type <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____ 2 Bank Account Number <table border="1" style="width:95%; height: 20px; border-collapse: collapse;"></table> 3 Bank Name <table border="1" style="width:95%; height: 20px; border-collapse: collapse;"></table>
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4	Branch Address											
		City/town/village				PIN Code						
		State				Country						
5	MICR Code											
6	IFSC											

G) Please tick, if applicable: Politically Exposed Person (PEP) Related to a Politically Exposed Person (PEP)

H) **Standing Instructions**

1	I/We authorise you to receive credits automatically into my/our account.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Account to be operated through Power of Attorney (PoA)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	SMS Alert facility: [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]		
	Sr. No.	Holder	Yes
	1	Sole/First Holder	<input type="checkbox"/>
	2	Second Holder	<input type="checkbox"/>
	3	Third Holder	<input type="checkbox"/>
4	Mode of receiving Statement of Account [Tick any one]	<input type="checkbox"/> Physical Form	
		<input type="checkbox"/> Electronic Form [Read Note 3 and ensure that email ID is provided in KYC Application Form].	

I) **Guardian Details** (where sole holder is a minor):
[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)]

Guardian Name											
PAN											
Relationship of guardian with minor											

J) **Nomination Option**

<input type="checkbox"/> I/We wish to make a nomination. [Details are provided at FORM 10]	<input type="checkbox"/> I/We do not wish to make a nomination.

Option for issuance of DIS booklet alongwith account opening

(to be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/Participant/Portfolio Manager and do not intend to open a Basic Services Demat Account)

Option for Issue of DIS booklet (please tick any one)

Option 1

I/We do not wish to receive the DIS booklet with account opening. However, the DIS booklet should be issued to me/ us on my/ our request at any later date.

Option 2

I/We wish to receive the Delivery Instruction Slip (DIS) booklet with account opening.

**Additional KYC Form for Opening a Demat Account
For Individuals**
THE SOUTH INDIAN BANK LTD

(To be filled by the Depository Participant)

Application No.	Date	D	D	M	M	Y	Y	Y	Y
DP Internal Reference No.									
DP ID	I	N	3	0	4	4	3	9	Client ID

 (To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a demat account in my/ our name as per following details:-

Holders Details

Sole / First Holder's Name	PAN																		
	UID																		
	UCC																		
	Exchange Name & ID																		
Second Holder's Name	PAN																		
	UID																		
Third Holder's Name	PAN																		
	UID																		

Name *	_____
*In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.	

Type of Account (Please tick whichever is applicable)


Status	Sub - Status	
<input type="checkbox"/> Individual	<input type="checkbox"/> Individual Resident <input type="checkbox"/> Individual Director's Relative <input type="checkbox"/> Individual Promoter <input type="checkbox"/> Individual Margin Trading A/C (MANTRA)	<input type="checkbox"/> Individual-Director <input type="checkbox"/> Individual HUF / AOP <input type="checkbox"/> Minor <input type="checkbox"/> Others(specify) _____
<input type="checkbox"/> NRI	<input type="checkbox"/> NRI Repatriable <input type="checkbox"/> NRI Repatriable Promoter <input type="checkbox"/> NRI - Depository Receipts	<input type="checkbox"/> NRI Non-Repatriable <input type="checkbox"/> NRI Non-Repatriable Promoter <input type="checkbox"/> Others (specify) _____
<input type="checkbox"/> Foreign National	<input type="checkbox"/> Foreign National <input type="checkbox"/> Foreign National - Depository Receipts <input type="checkbox"/> Others (specify) _____	

MODEOF OPERATION FOR EXECUTION OF TRANSACTIONS(Transfer, Pledge, Freeze)

Jointly <input type="checkbox"/>	Anyone of the Holder <input type="checkbox"/>
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Consent for Communication to be received by the First account Holder/ All Account Holder:
Tick the Applicable Box. If not Marked the default option would be First Holder

<input type="checkbox"/> First Holder	<input type="checkbox"/> All holders	Email
	<input type="checkbox"/> Second Holder	
	<input type="checkbox"/> Third Holder	

	First/Sole Holder or Guardian(in case of Minor)	Second holder	Third Holder
Name			
Signature  X			

14	Guardian Identification details- [Please tick any one of following and provide details of same]			
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Name of the Holder(s)		Signature of the Holder(s)
Sole/ First Holder(Mr./Ms)		
Second Holder(Mr./Ms)		
Third Holder(Mr./Ms)		

*Signature of the witness along with name and address are required, if the account holder affixes thumb impression instead of Signature

Note:

This Nomination shall supersede any prior nomination made by the account holder(s), if any.

Signature of the Witness for Nomination (mandatory)		
Name of the Witness	Address	Signature

Declaration Form for Opting Out of Nomination										
---	--	--	--	--	--	--	--	--	--	--

To	Date	D	D	M	M	Y	Y	Y	Y
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South Indian Bank Ltd
Demat cell, 2nd floor, Shanu Tower
Noth Kalamassery
Ernakulam 683104
mail:demat@sib.co.in/bog.demat@sib.co.in

UCC/DP ID									
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Client ID(Only for Demat account)									
--	--	--	--	--	--	--	--	--	--

Sole/First Holder Name	
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Second Holder Name	
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Third Holder Name	
--------------------------	--

I/We hereby confirm that I/We do not wish to appoint any nominee(s) in my/our trading/demat account and understand the issues involved in non-appointment of Nominee(s) and further are aware that in case of Death of all the account holder(s), my/our/legal heirs would need to submit all the requisite documents/ information for claiming of assets held in my / our trading/demat account, which may also include the documents issued by Court or other such competent authority, based on the values of assets held in the trading /demat account.

Name and Signature of the holder(s)*

1. _____ 2. _____ 3. _____


*signature of the witness, along with name and address are required if the account holder affixes thumb impression instead of signature

Rates and Charges for Demat Account:

I/We agree to the following Charges to be collected from my/our operative SB/CD A/c.


Demat opening Charges	NIL
AMC	Rs. 200/- plus GST for other than Corporates Accounts
	Rs. 1000/- plus GST for Corporate Accounts
Dematerialisation	Rs. 75/- plus GST as minimum upto 2 certificates and additional Rs. 10/- plus GST for every other certificates
Rematerialisation	Rs. 10/- plus GST for every 100 securities (max. Rs.5.00Lakh) or Rs. 10/- plus GST per certificate whichever is higher
Transaction(Debit)	Rs. 25/- plus GST
Pledge/Unpledge	Rs. 100/- plus GST
Destatementisation	Rs. 50/- plus GST per SOA
MF Redemption	Rs. 25/- plus GST

I/we agreed for the periodic revision also

	First/Sole Holder or Guardian(in case of Minor)	Second holder	Third Holder
Name			
Signature  X			

Declaration

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct 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 am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

	First/Sole Holder or Guardian(in case of Minor)	Second holder	Third Holder
Name			
Signature  X			

Notes :

- All communication shall be sent at the address of the Sole/First holder only.
- Thumb impressions and signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate.
- For receiving Statement of Account in electronic form:
 - Client must ensure the confidentiality of the password of the email account.
 - Client must promptly inform the Participant if the email address has changed.
 - Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice.
- Strike off whichever is not applicable.

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars / Notifications / Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening the demat account"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.
13. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

Statement of account

14. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
15. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.
16. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
17. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
19. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

20. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
21. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

22. As per Section 16 of Depositories Act, 1996,
1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
 2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

23. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
24. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

Redressal of Investor grievance

25. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.


Authorized representative

26. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

27. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
28. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Byelaws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
29. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
30. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI
31. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
32. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

I/We have received and read the copy of Rights and Obligations document

	First/Sole Holder or Guardian(in case of Minor)	Second holder	Third Holder
Name			
Signature  X			



Experience Next Generation Banking
 Regd. Office, SIB House, T.B. Road
 Mission Quarters, Thrissur, 680 001, Kerala

Branch
 Br. Code Customer ID
 Account No.

FATCA/CRS - Self Declaration Form for Non-Resident Clients - Individual

(Mandatory for each Account/Joint Holder including POA, Guardian, Mandate holder, Beneficial Owner)

Note - The information in this section is being collected in order to fully comply with Foreign Account Tax Compliance Act (FATCA) / Common Reporting Standard (CRS) under Income Tax (11th Amendment) Rules, 2015 requirements. If you have any doubt/question about your tax residency, please contact your tax advisor

Details Of Account Holder (All fields are Mandatory)

1. Please fill in BLOCK letters only. 2. Please leave one box blank between words. 3. Tick (✓) the appropriate boxes.

Title Code Mr. Mrs. Miss.

Name of Account

Holder

Father's Name

Mother's Name

Spouse's Name

Place of Birth

Country of Birth ISO code

PAN

Aadhaar No

Identification Type

Document submitted as proof of identity of the individual. Permissible values are:

A - Passport B - Election ID Card C - PAN Card D - ID Card E - Driving Licence
 G - UIDAI Letter H - NREGA job card Z - Others X - Not Categorised

Identification Number

Number mentioned in the identification document. This information is mandatory if PAN or Aadhaar number is not reported

Occupation Type

Permissible values are: S - Service B - Business O - Others X - Not Categorized

Occupation

Please specify occupation of the Individual

Nationality ISO code

2 character Country Code (ISO 3166)

x

Signature

FATCA/CRS - Self Declaration Form for Non-Resident Clients - Individual

Country of Residence as per tax laws	<input type="text"/>	ISO code	<input type="text"/>
	<input type="text"/>	ISO code	<input type="text"/>

Foreign Tax Identification Number (TIN) allotted by tax resident country	<input type="text"/>
	<input type="text"/>

TIN Issuing Country	<input type="text"/>	ISO code	<input type="text"/>
	<input type="text"/>	ISO code	<input type="text"/>

This attribute identifies the jurisdiction that issued the TIN. The Country Code as per ISO 3166 has to be mentioned. If Country Code is not available, use XX.

(If the country does not issue TIN or if a TIN cannot be obtained please provide an explanation in the box below)

Address Type

*Indicates the type of the address. Permissible values are: 1- Residential Or Business 2 – Residential
3 – Business 4 – Registered Office 5 – Unspecified*

Part B - Declaration

1. I hereby certify that I am not tax resident in, or citizen of, any other country besides those listed above.
2. I declare that all statements made in this Declaration are, to the best of my knowledge and belief, correct and complete.
3. I undertake to advise the bank promptly of any change in circumstances, which causes the information contained herein to become incorrect and to provide the bank with a suitably updated Declaration within 30 days of such change in circumstances.
4. I authorize the bank to provide, directly or indirectly, to any relevant tax authorities/government authorities and/or other regulatory authorities locally/internationally or any party authorized to audit or conduct a similar control of the bank for tax purposes, the information contained in this Form and to disclose to such tax authorities or such party any additional information that the bank may have in its possession.
5. I certify that I am authorized (POA holder) to sign for the individual who is the beneficial owner of all the income to which this form relates and/or am using this form to document myself as an individual who is the Account Holder. In the event if the bank is put to any hardships or claims from any authorities due to any false, untrue or misleading representation/ information furnished by me as contained herein, I shall be solely liable and responsible for the same and I undertake to indemnify Bank against any loss or damage suffered by the Bank.

Signature of Customer

x

Date:

Seal & Signature of Branch Official

y

Details under FATCA / Foreign tax laws(see instructions)

Instructions

Details under FATCA/Foreign Tax Laws: Towards compliance with tax information sharing laws, such as FATCA, we would be required to seek additional personal, tax and beneficial owner information and certain certifications and documentation from our account holders. Such information may be sought either at the time of account opening or any time subsequently. In certain circumstances (including if we do not receive a valid self-certification from you) we may be obliged to share information on your account with relevant tax authorities. If you have any questions about your tax residency, please contact your tax advisor. Should there be any **change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.** Towards compliance with such laws, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto. As may be required by domestic or overseas regulators/ tax authorities, we may also be constrained to withhold and pay out any sums from your account or close or suspend your account(s).

If you are a US citizen or resident or green card holder, please include United States in the foreign country information field along with your US Tax Identification Number. Foreign Account Tax Compliance provisions (commonly known as FATCA) are contained in the US Hire Act 2010.