



Branch

Br. Code Customer ID

Account No.

Account Opening Form for Term Deposit (TD)

Type of Account

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

TD - KND (Cumulative) FD (Non-Cumulative) RD Fast Cash Flexi Deposit

SIB CARE Tax Gain Other TD, please specify

Mode of Operation

Self Jointly Either or Survivor Former or Survivor

Guardian, till attaining majority Other, please specify.....

Deposit Details

Domestic NRE NRO FCNR RFC Other

Deposit Amount (in figures).....Currency

in words.....

Period of Term Deposit Days Months Years

Interest payment frequency (Monthly Interest at discounted rate / Q / Y) Rate of Interest (%p.a)

A/C for interest Cr.

Mode of Remittance Cash Transfer from A/C Debit Account No.....

Chq/DD No. Date Bank.....

RTGS/NEFT From A/c.....Bank.....Branch.....

Standing Instruction(SI) for RD Installments: Debit Account No.....SI Execution Date.....

Please select "P" option (previous day) in SI Menu

Others, Please Specify.....

TDS to be deducted from Term Deposit Operative Account, A/c No

On Maturity Renew Principal and Interest Renew Principal Auto closure

Renew specified Amount, Details:.....

Account Holders

1st holder's name

Customer ID Type of holder.....

PAN/GIR Number DOB

Signature/LTI of First Holder

Signature/LTI of Second Holder

Signature/LTI of Third Holder

Account Opening Form for Term Deposit(TD)

2nd holder's name

Customer ID Type of holder.....

3rd holder's name

Customer ID Type of holder.....

1st Holder's Address

1st holder's address (Please fill separate KYC forms for each holder).....
.....
..... City
State..... PIN Country
Email..... Mobile / Tel.....

Thumb impression Witnessing

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

Signature of Witness 1Signature of Witness 2

Name of Witness 1Name of Witness 2

Address.....Address.....
.....

Mobile / TelMobile / Tel

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

In case of absence of any instructions, it shall be presumed that the depositor intends to auto renew the deposit for the same period to which it was initially deposited and shall be renewed automatically for the same period to which it got matured. However, this shall not be applicable to Tax Gain Deposit and Recurring Deposit.

Premature closure of deposits will attract penalty as per Bank's Board approved Policy.

All Term deposits including Recurring Deposits opened online or those opened through Branch channel(on or after 01.06.19) can be closed Online.

Signature/LTI of First Holder

Signature/LTI of Second Holder

Signature/LTI of Third Holder

Account Opening Form for Term Deposit(TD)

General Declaration

1. I/We have read all the pages of the application form. I/we have received a copy and read and understood/has been explained to me/us, the terms and conditions related to the Term Deposits
2. I/We agree to comply with and be bound by RBI rules and directions, regarding the conduct of the account.
3. In case of either or survivor term 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 (a) grant loans/advances against proceeds of the term deposit in our joint names(b) make premature payment of the proceeds of the deposit to any one of us or the survivor(s).
4. I/We also acknowledge that the Bank may from time to time change the terms and conditions. The latest terms and conditions published in the website of the Bank www.southindianbank.com and/or made available in branch premises is sufficient notice to me /us.
5. 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. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

Signature/LTI of First Holder

Signature/LTI of Second Holder

Signature/LTI of Third Holder

Office Use

Date of opening

Deposit Number

Canvassed by PPC

CRM Lead ID

Nomination No.

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

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

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 nomination/benefits of nomination have been explained to me/us.
I/We do not want to avail nomination facility.

Signature of Depositor(s).....

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.

Deposit

Nature of Deposit	Distinguishing No.	Additional details, if any

Nominee

Name	Address	Relationship with depositor, if any	Age	If nominee is a minor, date of birth

As the nominee is a minor on this date, I/We appoint Shri/Smt/Kum

.....
(name, address)aged.....years 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(s), signature(s) and address(es) of witness(es) * Signature(s) / Thumb impression(s) depositor(s)

Note: *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 & Strike out if the nominee is not a minor.@Thumb impression(s) shall be attested by two witnesses and Manager/Asst. Manager.
NOMINATION CAN BE REGISTERED ONLY IN THE NAME OF ONE PERSON



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

Acknowledgment (Nomination)

Branch

Date

To,

Shri/Smt.....

Dear Sir/Madam

I. We acknowledge receipt of nomination made by you in favour of :

Name of nominee _____ Age: _____ year with respect to your deposit no :

II. No nominee for the account since nomination facility not availed by the account holder.

Signature of Bank Official