AOF-SB-IND-VER-5 Page 1 of 3 Branch **Branch Code** Account No. **Customer ID** SB/CD Type: Privilege Youth Plus Mahila Delight Elite Basic ☐ GSSA Others, Please Specify Junior CA Premium CA Smart Mission Quarters, Thrissur, 680001, Kerala AOF cum KYC (SB/CA)- Resident Individual A. Applicant's Full Name Ist Applicant Maiden Name (if any) IInd Applicant Maiden Name (if any) Former or Survivor Others, Please Specify Mode of operation: Self Jointly Either or Survivor Anyone or Survivor If you are an existing customer, please move directly to Section D. If more than One Joint Holder, use additional sheet B. Personal Details of IstApplicant Father's Name Mother's Name Spouse Name Place of Birth..... Country of Birth... Gender Male Female Transgender Community Education Unmarried Other Marital Status Married Date Of Birth Annual Income (Rs.) Net Worth. Residential Status Non Resident Foreign National Person of Indian origin FATCA/CRS TIN Country of Jurisdiction of ResidenceTax Identification No Indian Country code Nationality Other Purpose of Account .. Private Sector Public Sector Government Sector Business Service Professional Occupation Self Employed Retired Housewife Student Others, Please Specify PAN No. If PAN is not available, please fill separate Form No. 60 Whether Aadhaar No. to be seeded to this account for Govt. subsidy: Yes / No. Aadhaar Visa: VISA Expiry Date. CKYCR No. Other Proof of Identity (POI) Type. Proof of Address. Communication Address (Residential/Business) Permanent Address (Residential/Business) City City State State PIN PIN Country Country Email ID ... Mobile /Phone Any other information.....PEP (Politically Exposed Person) /Related to PEP /Not applicable C. Personal Details of IInd Applicant Father's Name Mother's Name Spouse Name Gender Male Place of Birth..... Female Transgender Marital Status Unmarried Other Community Education Please quote the reference no. for further reference.

Instructions: Welcome kit would be delivered to the communication address only. If you do not receive our welcome kit within 2 weeks of the date of acknowledgment, kindly e-mail at tbdcpc@sib.co.in or contact the nearest branch. The PIN for the ATM/Debit card for carrying out transactions on the ATM can be generated using the green PIN facility.

ACCOUNT OPENING RULES • All the necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the account. • In event of No Salary Credits for any continuous three months, the said account will be converted into Savings Regular Account. • All accounts should maintain the stipulated average monthly balance based on the product programme and branch in which the account opened • Savings accounts can be opened only by individuals for non-business purposes • In case of any complaint relating to features of any of the product, the Grievance Redressal Cell within the bank can be approached for a resolution at customercare@sib.co.in and if not resolved satisfactorily within 30 days the Ombudsman appointed by the Reserve Bank of India in charge of the concerned region, may be approached.

Signature of the bank official.

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Date Of Birth Annual Income (Rs.)																								
Residential Status Resident Non Resident										Foreign National Person of Indian origin														
FATCA/CRS TIN Country of Jurisdiction of Residence																								
Nationality Indian Other Country code VISA no																								
Occupation Service Private Sector Public Sector Government Sector Business Professional												nol												
Self Employed Retired Housewife Student Others, Please Specify																								
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PAN No. If PAN is not available, please fill separate Form No. 60																								
Aadhaar																								
Other Proof of Identity (POI) Type																								
Proof of Address																								
Communication Address (Residential/Business) Permanent Address (Residential/Business)																								
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City			_	-								City				+	+	+		+	+		+	+
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Country												Countr	у											
Mobile /Pho	ne											Email ID)											
Any other in	formati	on											P	EP (Po	litica	lly Exp	osed	Person) /Rel	ated	to PE	P /Not	арр	licable
D. If any of the applicants are EXISTING ACCOUNT HOLDERS Please mention the Customer Identification No.																								
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The South				•			1							- (ess of t	he brar	ncn/off	ice wi	nere o	posit	is ne	eia) 7
Details of deposit														Nominee						1	6	*	* :-	
Natu	Nature Account Number					Name					Address			Relationship with depositor, if any				If nominee ** is a minor, date of						
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A 1 120		.,																						_
Addition		-						nt Shri	/Smt /	/Kum												(N:	ame'	- \
* 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	2.									
Acknowledgement for nomination registration will be issued by the branch.																								
Business/Trading	g/Partnersl	nip/Prop	rietar	y/Corpo	orations	scanno	ot opt a	saving a	ccount	t. Trust	t/So	cieties/Cha	ritable	e/Educ	ationa	linstitu	ıtions m	nay ope	n a savi	ings ac	ccount	t subjec	t to co	onditions.
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•Business/Trading/Partnership/Proprietary/Corporations cannot opt a saving account. Trust/Societies/Charitable/Educational institutions may open a savings account subject to conditions. The bank reserves the right to close the account in case the savings account is used for business purposes as evidenced by the transaction behaviour. • Adequate balance should be maintained in the account before issuing cheques. •Details of charges on funds transfer, inter branch banking and other services are available in the Service Charges & Fees Brochure. •Copy of the Terms and Conditions, Service Charges & Fees Brochure and the Code of Bank's Commitment for individual Customers can be obtained from the branch /website. •Interest on savings account will be paid at the rate stipulated by RBI from time to time. • No unarranged overdraft would be allowed in the Savings Account. In case of exceptions, the bank would charge interest at commercial rate. •The bank reserves the right to close the account in case of unsatisfactory conduct of the account. •In the event of the death of one of the joint account holders, the right to deposit proceeds does not automatically devolve on the surviving joint deposit account holder unless there is survivorship clause. •The deposits of the bank are insured with DICGC and in case of liquidation of the Bank DICGC is liable to pay each depositor through the liquidator, the amount of the deposit up to Rupees Five lakh within two months from the date of claim list from the liquidator. •For passbook updation, please visit your home branch.

Deposit Details													
I/We request you to open a SB (Savings Bank) account - Domestic Cash (To open an account with cash, the customer must Amount													
Cheque Amount R													
(The cheque should be crossed A/c. Payee and drawn payable to The South Indian Bank Ltd. A/c. [Customer Name])													
Channel Services/Cheque Book	If Yes, Domestic	use only /Intern	national and Don	nestic Use									
ATM cum Debit Card required Yes No If Yes, Domestic use only /International and Domestic Use Name to be displayed on ATM /Debit Card (Debit cards will not be issued for Jointly operated accounts)													
1st Applicant		+++											
Illnd Applicant Voc.	If Voc. Mobile Num	hor											
SMS alert required Yes No Mobile Banking required Yes No	•	ibei											
Mobile Banking required Yes No No No. of Leaves Internet Banking required Yes No No. of Leaves Yes Yes No No. of Leaves Yes Ye													
Introduction													
I /We confirm that I/We personally know the applicant/s fo				=									
Name													
I/We are not enjoying any credit facilities from the banking system We are enjoying credit facilities from the banking system, as listed in our enclosed letter. The NOCs from the lenders (applicable for current accounts) are also enclosed.													
Purpose of account													
Thumb Impression													
Thumb impression of 1st/2nd (Strike off whichever is not a	•	-											
Signature of Witness 1Name		Signature of Witness 2											
Address		Address											
Mobile/Tel	obile/Tel												
Minor 's accounts (Required only in cases of guardian ope	erating the Minor's accou	nt)											
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		or account.											
Declaration													
We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and 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/We am/are aware that I/We may be held liable for it. I/We authorise you to link Aadhaar Number and biometric aadhaar authentication service, E-KYC. My personal / KYC details may be shared in Central KYC Registry, Tax Authorities/Regulators both local and foreign. I/We hereby consent to receiving information from Central KYC Registry through SMS/E-mail on the above registered number /e-mail address. I/We have read and fully understood the features, rules, terms and conditions applicable to Savings Bank (SB) accounts/Current accounts (CA) for residentindividuals, and value added services-Mobile Banking, Internet Banking and ATM cum Debit Card in Bank's Website www. southindianbank.com. I/We declare that I/We am/are aware of the advantages of nomination/benefits of nomination were explained to me/us. I/We hereby confirm the receipt of MTC. CKYC in my name can be used by the bank for fetching KYC details as well as for periodical KYC updation. I/We undertake/authorize South Indian Bank that all information provided by me of any nature including personal & sensitive information relating to account/investment/credit facility can be shared with/to other South Indian Bank. If i intend to revoke my consent to the sharing of the data, the products/services available to me, pursuant to the consent provided earlier, shall no longer be available to me, and I shall be required to initiate closure of such products/services. I/We shall not hold South Indian Bank/its group companies/ subsidiaries/affiliates liable for use of any such information. I (in this context, "I", "my" and "me" refers to all holders of the account) have read and understood the T&C and understand that any changes to the T&C will be available on the website www.southindi													
Signature Applicant 1		Co	olour Photo		Colour Ph	oto							
Signature Applicant 2		15	st Applicant		2nd Appli	cant							
Place		Dat	te 🔲										
Office Use Documents received Self Certified Truecopy	Notary	Diels Cete	aory Hig	rh	Medium	Low							
LG PPC LC PPC LC PPC	Notal y	Risk Cate CRM Lea	j.,	j''									
Promo Campaign Code													
Other products interested: HL Mobiloan PL Life Insurance Health Insurance Other													
Signature of Officer (Sign Orde			ignature of Brar	nch head (Sign	Code								