



**General Declaration and authorisation**

I/We have read all the pages of the application form.I/We agree to comply with and be bound by RBI rules and directions, regarding the conduct of the account.I/We am/are aware that the premature withdrawal of Deposit(s) will require consent and signature of all Depositor(s) irrespective of mode of operation.\*I/We hereby authorize the Bank that in event of death of anyone or more of the Depositor(s),the bank on receipt of written request from the surviving Depositor(s) ,as per the mode of operation,will allow the surviving Depositor(s) to prematurely withdraw the term deposit without seeking concurrence from the legal heirs of the deceased Depositor(s) (\*not applicable for deposits with mode of operation “joint”) and such premature withdrawal would not attract any penal charge. I/We am/are aware that the term deposit booked under “Non-Callable option” cannot be withdrawn before maturity and no loan facility can be availed.In case of absence of any instructions, it shall be presumed that the depositor intends to auto renew the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 .I/We are aware that premature closure of deposits will attract penalty as per Bank’s Board approved Policy. I/We have been informed about the applicable penal interest for premature withdrawal.I/We agree that penalty for defaulted/non remitted instalments shall be deducted from the maturity value of Recurring Deposits. I/We understand and agree that no interest shall be payable in case of premature closure of my/our NRE/FCNR deposit accounts before completing 1 year. I/We understand and agree that maturity amount will be credited to the source account only and in case of change in credit account, I/We have to instruct the Bank with documents, as required by the Bank..In case of Flexi Deposits, interest adjustment due to sweep in happen only at branch day end. I/we are aware that I/we are liable to remit the interest adjustment shortage amount, if any ,when required .With effect from 01.09.25 ,for newly opened /renewed Flexi Deposits,interest will be credited on maturity only and Sweep in limited to the principal amount of Flexi Deposit.I/We understand that the Bank may at any time and without notice to me /us combine and consolidate all or any of my/any one or more of our accounts and set off or transfer any sum standing to the credit of my/our account in or towards satisfaction of any of my/any one or more of our liabilities to the Bank or any other account or in any other respect whether such liabilities be actual or contingent,primary or collateral or joint or several.I/We understand the if required KYC formalities are not complied with by any of the deposit holder/s,Bank may at its sole discretion discontinue the auto-renewal of the term deposit.I/We understand that,back dated opening of term deposits shall not be permitted in these cases and no deviation shall be allowed in this regard under any circumstances. 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.bank.in](http://www.southindianbank.bank.in) and/or made available in branch premise is sufficient notice to me /us. I/We understand that all Bank deposits are covered under the insurance scheme offered by Deposit Insurance and Credit Guarantee Corporation of India (DICGC) subject to certain limits and conditions. The maximum insurance cover as on date is Rs 5,00,000/- for both principal and interest amount held by the customer in the same right and same capacity as on date of liquidation / cancellation of Bank’s license or the date on which the scheme of amalgamation /merger / reconstruction comes into force.I/We accept and agree to be bound by the term and conditions related to Term Deposits provided in the website [www.southindianbank.bank.in](http://www.southindianbank.bank.in). I/We further declare & confirm that any modification to the above authorization /mandate shall be only by way of joint instructions by all the applicants/joint holders.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

Nomination Required  Yes  No **If YES, NOMINATION FORM ATTACHED AS ANNEXURE**

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).....

**IF OPTED “YES”, NOMINATION FORM ATTACHED AS ANNEXURE**

Place: .....  
 Date: @ Name(s), signature(s) and address(es) of witness(es) \* Signature(s) / Thumb impression(s) depositor(s)

@Thumb impression(s) shall be attested by two witnesses and Manager/Asst. Manager.

**For Office use only : Account opened and instructions noted**

<p><b>Maker Sd/-</b></p> <input type="text"/> <p><b>PPC:</b></p>	<p><b>Checker Sd/-</b></p> <input type="text"/> <p><b>PPC :</b></p>	<p><b>Branch Head Sd/-</b></p> <input type="text"/> <p><b>PPC :</b></p>
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# Nomination Form

## FORM FOR NOMINATION, CANCELLATION OF NOMINATION AND VARIATION OF NOMINATION IN RESPECT OF THE BANK DEPOSITS, ARTICLES IN SAFE CUSTODY AND SAFETY LOCKERS

(See Sections 45-ZA, 45-ZC and 45-ZE read with Section 56 of the Banking Regulation Act, 1949 and rules 2 to 4 of the Banking Companies (Nomination) Rules, 2025)

Bank Name	SOUTH INDIAN BANK
Branch	

### 1. Bank Customer details including deposit / article in safe custody / locker:

\*Name of Depositor / individual leaving article in safe custody / Hirer of a locker:

1.	3.
2.	4.

*Account Number / Locker Number / Other identification number of bank customer	* Nature of deposit / Nature of Articles / Nature of Locker	Additional details, if any
Distinguishing Number		

### 2. Nomination Details

I / We, the undersigned, hereby nominate the following individual(s) to receive the amount of the deposits(s) or the articles in safe custody or the contents of the locker in respect of the particulars above mentioned in the event of my / our death:

Successive Nomination		Simultaneous Nomination	
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(Tick one option)

A	Serial Number	1	2	3	4
B	Name of Nominee				
C	*Address				
D	*Mobile number, if any				
	*Email if any				
E	Relationship with bank customer, if any.				
F	Age				
G	Order of priority in case of successive nomination	First Nominee	Second Nominee	Third Nominee	Fourth Nominee

Fill the percentage only if simultaneous Nomination else strike off. The total percentage should be 100.

H	#Proportion of amount of deposit in percentage in case of bank deposit				
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\* The bank may allow to modify these details in e-nomination from time to time, if required.

# Not applicable in case of article in safe custody or locker.

Name and Signature of the Customer	1.	2.	3.	4.
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Place: ..... Date: ..... / ..... / .....

### Instructions for Bank Customer:

- You may nominate more than one individual, with clearly defined share percentages.
- You may appoint successive nominees. In case of successive nomination, nomination shall be effective only in favour of one individual in order of priority in which their name appears in above table of nomination details. It may be noted that nomination of any nominee lower in the order of nomination shall become effective only after the death of all the nominees whose names are higher in the order of nomination.
- Nomination is applicable to all bank accounts / lockers / articles detailed above unless otherwise specified.
- This form or the details in this form, as circumstances may admit, can be submitted electronically where the bank enables e-nomination.
- If deposit is made in the name of minor or article is left in safe custody in the name of minor or locker is solely hired in the name of minor, this nomination form should be signed by an individual lawfully entitled to act on behalf of the minor

**Note:**

1. Simultaneous nomination refers to nomination of one more nominee but not exceeding four, with defined percentage and total amounting to 100%.
2. Successive nomination refers to nomination in favour of one individual in order of priority and is also limited to four nominees; and the nominee lower in the order shall become effective only after the death of the nominee in the higher order.
3. Row (H) above is not applicable in case of nomination in respect of the articles in safe custody / lockers.
4. In respect of the deposits, out of Row (G) and (H), only one column is to be filled.
5. Total percentage across all nominees in Row (H) must equal 100%.
6. If more than one individual is nominated, the order of priority shall be deemed to be in order in which names appear in Row (B)

**3. Cancellation of Nomination / Variation of Nomination:**

I / We ....., the undersigned, hereby declare that the above nomination is made in supersession of all the previous nominations, if any, made by me / us in respect of the deposit / article in safe custody / locker described above. I / We declare that the above nomination has the effect of cancelling previous nominations in respect of the bank deposit / article in custody of bank / locker.

**4. Guardian Details (if any nominee is a minor)**

Serial Number	Name of Nominee	Name of Guardian	Relationship with Nominee	Address	Email / Mobile number of guardian, if any
1					
2					
3					
4					

**5. Declaration & Signature**

I / We declare that the information provided above is true to the best of my / our knowledge and belief. I / We understand that this nomination will supersede any previous nominations for the above-mentioned account(s).

Name of Depositor(s) / Hirer(s)	@ Signature
1.	
2.	
3.	
4.	

@ In case of individual who cannot read and / or write, the signature means thumb-impresion of such individual, which should be attested by two witnesses.

Name and address of the witness	Signature of the witness
1.	
2.	

Place: ..... Date: ..... / ..... / .....

**6. Acknowledgement (For Bank Use Only)**

Received Nomination Form from		Date of Receipt	
Customer ID		Recorded on CBS / Core Banking System	YES / NO
Name & Designation			
Signature of Bank Official with seal with date		Reference Number	

**7. Acknowledgement (For Customer)**

We acknowledge the Nomination Form from	
Account Number / Locker Number	
Date of Receipt	
Name & Designation	
Signature of Bank Official with Seal & Date	