



**Account Opening Form (SB/CA) - Non Individual**

**FATCA-CRS Declaration**

(Please tick any one, as applicable to you)

- Entity is a tax resident of India and not resident of any other country       Entity is a tax resident of the country/ies mentioned in the table below

Country	Tax Identification Number/ Functional Equivalent *	Identification Type (TIN or others, please specify)

\*A business / company registration code/number may be used as functional equivalent of TIN in case where no TIN has been issued to the entity.  
Whether the entity is active entity  / passive entity

**Sole Proprietorship Firms**

I,..... hereby declare that I am the Sole Proprietor of M/S..... and that all dealings and transactions are being entered into by me as sole proprietor. I am solely responsible to the Bank for all the transactions and liabilities of the firm with the bank .The Bank may recover its claims from my personal estate as well as from the assets of the firm.

Signature

**Partnership Firms**

We..... the undersigned carrying on business in the partnership under the name and style of ..... authorise the Bank to honour our respective signatures as reserve on behalf of the said firm. We also request and authorize you, until any one of us shall, give you notice in writing to the contrary, to honour all cheques or other orders which may be drawn or bills accepted or notes made or receipts for monies owing to us signed by any of us duly Authorised from time to time on behalf of our said firm and to debit such cheques, orders, bills, notes and receipts to our said firm's account whether such account be, for the being in credit or overdrawn. We may also request you to accept the endorsement of any of us on behalf of our said firm on cheques, other orders, bills and notes.

Name of Partners	Signature (To be signed in individual capacity, without stamp.)

**Beneficial Owners**

DECLARATION OF BENEFICIAL OWNERSHIP (Mark with a tick )

<input type="radio"/> Partnership ( All the Partners or as the case may be).	<input type="radio"/> Association club/society/trust (All the members of the association club/society/trust or as the case may be). (please furnish copies of their identity documents)
<input type="radio"/> Company (The shareholders of the company).	<input type="radio"/> Not applicable as this entity is a registered charity
<input type="radio"/> Others whose identities are stated below (please furnish copies of their identity documents)	

Where the beneficiaries exceed 7, please attach the list along with certified true copies of all BO's identity documents

SI No.	Beneficial Owners	DIN/ Nature of relation	% of Shares	% of Benefit/ Profit	Contact Number
1					
2					
3					
4					
5					
6					
7					

Note: When share aggregated, it shall sum up to 100%

I/we acknowledge and confirm that South Indian Bank shall be entitled to rely on my/our declaration above on the identity(ies) of and information relating to the Beneficial Owners of the account.

I/we undertake to inform the bank in writing should there be any changes to the ownership/share holding structure in the future.

Signature

Signature

Signature

**Key Contact Person**

Name:..... Mobile No. : .....

Email:.....

**Account Opening Form (SB/CA) - Non Individual**

**Initial Payment Details**

I/We request you to open a SB (Savings Bank)/CA Current Account)

Cash (To open an account with cash, the customer must deposit the cash in person only at the parent branch). Amt Rs .....

Cheque Amount: Rs ..... Bank Name..... Cheque No..... Dated.....

(The cheque should be crossed A/c. Payee and drawn payable to The South Indian Bank Ltd. A/c..... [Customer Name])

**Nomination (Only for Sole proprietorship)**

Required

Not Required

**IF OPTED "REQUIRED", NOMINATION FORM ATTACHED AS ANNEXURE**

\*\*Signature(s)/Left hand thumb impression(s) of the Depositor/s

\*Strike out the inapplicable/strike out nominee is not a minor. \*\*Where deposit is made in the name of minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor.  
 \*\*If the party is affixing thumb impression it should be attested by two witnesses and Manager/Asst.Manager.

**Declaration**

I/We have read and understood all the pages in the application form and KYC form. I/We hereby declare that the above information provided by me/us is true 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/We am/are aware that I/We may be held liable for it. I/We would like to share my/our personal / KYC details with Central KYC Registry, tax authorities / regulators both local and foreign. I/We agree to comply with and be bound by RBI rules and Bank's rules and regulations and terms and conditions regarding the conduct of the account. I/We have received a copy and read and understood / has been explained to me/us, the terms and conditions including minimum balance rules, charges, authorizations, etc. related to the Account and channel facilities / technology products, and undertake to abide by the said rules. I/We also acknowledge that the Bank may from time to time change the same. 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. I/We also authorize the Bank to debit any charges in the account(s) related to the account(s) or the value added services. I/We agree and understand that the Bank reserves the right to reject any application, or stop any of the services, without assigning any reason. I/We also understand that if we refuse to comply with any requirement or make unsatisfactory compliance therewith, the Bank shall refuse in writing to undertake the transaction and shall if it has reason to believe that any contravention / evasion is contemplated by me/us report the matter to RBI / appropriate authorities. I/We understand that the bank may at any time without notice to me/us combine and consolidate all or any of my/our account(s) and set off or transfer any sum or sums standing to the credit of any one or more of such account(s) in or towards the satisfaction of any of my/our liabilities to the bank on any account or in any other respect whether such liabilities be actual or contingent, primary or collateral and several or joint. If by error overdraft is created in my/our account, I/We undertake to pay the same with applicable rates of interests. If by mistake, the bank credits cash / cheque pertaining to other customers to my/our account(s), I/We undertake to inform the bank of the same and refund the same with interest and without any demur. I/We declare that I/We am/are aware of the advantages of nomination / benefits of nomination were explained to me/us (applicable for proprietorship accounts only). I/We hereby provide the consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I/We understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc. I/We accept and agree that the Bank reserves the right to close or freeze the account in accordance with RBI/ internal guidelines with proper intimation to me/ us. I/We accept and agree that the Bank reserves the sole right to block transactions through all channels including digital upon identification of any mismatch between the information provided during the time of account opening and the transactions through the account. I/We hereby allow and authorize the Bank to share my/our name and contact details with Credit information agencies and its third party vendors for any compliance/AML/KYC related activities or to contact me/us for the purpose of marketing, or any other related services.

**Signature of Authorised Signatories**

Signature

Signature

Signature

Place

Date

**Office Use**

Documents received  Self Certified  True copy  Notary

Risk Category  High  Medium  Low

LG PPC

LC PPC

CRM Lead ID

Promo Campaign Code .....

Nomination No.

Required AMB .....

Other products interested:  HL  Mobiloan  PL  LAP  Life Insurance  Health Insurance  Other .....

Any other information :

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

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

**KYC & CKYC Form - Authorised Signatory/Beneficial Owners**

Holder SL.No.

CPC No.

CKYC

Customer ID

**Related Person Type**

- Authorised Signatory   
  Beneficiary   
  Court Appointed Official   
  Karta   
  Ownership  
 Partner   
  Promotor   
  Proprietor   
  Trustee

Full Name Mr/Mrs/Ms

Maiden Name (if any)

Father's Name  Mother's Name

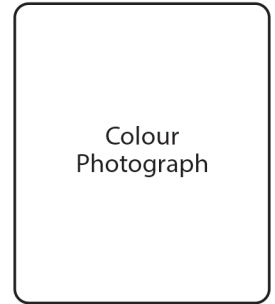
Marital Status  Unmarried  Married  Others    Name of the Spouse

Date Of Birth  Gender  Male  Female  Third Gender

Nationality  Country code of Birth  Place of Birth  Community

Residential Status  Resident  Non Resident Indian  Foreign National  Person of Indian origin

Person with Disability status  Yes  No    Type of Disability     Percentage of Disability     UDID



Occupation	Annual Income (in INR)	Education	Proof of Identity
<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector Service <input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Others,Specify.....	<input type="checkbox"/> Below 1 Lac <input type="checkbox"/> 1 to 5 Lac <input type="checkbox"/> 5 to 10 Lac <input type="checkbox"/> 10 to 15 Lac <input type="checkbox"/> 15 to 25 Lac <input type="checkbox"/> 25 Lac and above Net Worth (in INR) Rs. ....as on.....	<input type="checkbox"/> Below SSC <input type="checkbox"/> SSC <input type="checkbox"/> HSC <input type="checkbox"/> Graduate <input type="checkbox"/> Masters <input type="checkbox"/> Professional	Passport No <input type="text"/> Passport Expiry Date <input type="text"/> PAN No. <input type="text"/> Aadhaar <input type="text"/> Other Proof of Identity(Type)..... (No.) ..... Expiry date(if any) .....

**Customer Status**

Communication Address	Permanent Address
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
State <input type="text"/>	State <input type="text"/>
PIN/ZIP <input type="text"/>	PIN <input type="text"/>
Country <input type="text"/>	Country <input type="text"/>
Mobile <input type="text"/>	Email ID <input type="text"/>

Proof of Address.....  
 Purpose of account..... Line of business.....  
 Any other information..... PEP (Politically Exposed Person) / Related to PEP / Not applicable

**FATCA/CRS Declaration (Taxation Details)**

SI No.	Country of residence for tax	Tax Identification Number (TIN) or functional equivalent	TIN issuing Country
1			
2			
3			

Please provide address, If SI No.1 is filled in Taxation Details

Address : .....

..... City : .....

State: ..... PIN : ..... Country:.....

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 (FDA 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.

**Declaration**

I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I/we undertake to inform you of any changes therein, immediately.  
 I/We hereby provide the consent to download my KYC Records from the Central KYC Registry (CKYCR), only for the purpose of verification of my identity and address from the database of CKYCR Registry. I/We understand that my KYC Record includes my KYC Records /Personal information such as my name, address, date of birth, PAN number etc.

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

Signature

**Office Use**

Documents received  Self Certified  True copy  Notary   
 Risk Category  High  Medium  Low  
 Signature of Officer     Signature of Branch head   
 (Sign Code.....)    (Sign Code.....)

**Acknowledgement form - Nomination (Only for Sole Proprietorship)**

Branch .....

Date.....

Dear Sir/Madam,

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

Name of the Nominee :..... Age.....

With respect to your Account in the name of .....

Yours Faithfully,

Signature of Bank official with Seal

**Acknowledgement Form (for customer)**

We acknowledge with thanks the receipt of application for opening a Savings/Current Account in name of .....

..... which shall be operated by,

Shri/Smt. .... (Primary holder/ Proprietor/Auth Sign/Partner),

Shri/Smt. .... (Secondary holder/Partner) dated.....

You have chosen to open the account in the ..... category with

a required AMB of Rs..... and has provided an initial payment of Rs.....

Yours Faithfully,

Signature of Bank official with Seal

# 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 accounts(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	