



Regd. Office, SIB House, T.B Road
Mission Quarters, Thrissur, 680001, Kerala

Branch CPC No. (NRE)

Branch Code Customer ID CPC No. (NRO)

NRE Account No. Account Type NRE NRO

NRO Account No. NRE/NRO Both

AOF cum KYC (SB/CA) - Non Resident Individual

Scheme: SB Standard SB Silver SB Gold SB Diamond / Platinum Others, Please Specify

Mode of operation: Self Jointly Either or Survivor Former or Survivor Others, Please Specify

Personal Details

APPLICANT - 1

Full Name Mr/Mrs/Ms

Maiden Name (if any)

Father's Name Mother's Name

Marital Status Married Unmarried Others Name of the Spouse

Date Of Birth Gender Male Female Transgender

Nationality Country code of Birth Place of Birth Community

Residential Status Non Residential Indian Foreign National Person of Indian origin

Person with Disability status Yes No Percentage of Disability

Type 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"/> Whether Aadhaar No. to be seeded to this account <input type="checkbox"/> Yes <input type="checkbox"/> No Other Proof of Identity (Type)..... (No.) Expiry date (if any)

Overseas Address/Communication Address

Indian 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 (1) <input type="text"/>	Mobile (2) <input type="text"/>

Email ID

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)

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

Residence for Tax Purposes is in Jurisdiction Outside India is same as the Overseas address Yes No (If No, Please fill the below 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.

Details of Related Person

Related Person Type: Guardian of Minor (Father) Guardian of Minor (Mother) Guardian (Legal/Court appointed) Other (Please Specify).....

Related Person's Name..... Related Person's Customer ID

Related Person's Proof of Identity (Type)..... Related Person's Proof of Identity (No)..... (Expiry).....

CPC No. Customer ID

APPLICANT - 2

Full Name Mr/Mrs/Ms

Maiden Name (if any)

Father's Name Mother's Name

Marital Status Married Unmarried Others Name of the Spouse

Date Of Birth Gender Male Female Transgender

Nationality Country code of Birth Place of Birth Community

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

Person with Disability status Yes No Percentage of Disability

Type 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"/> Whether Aadhaar No. to be seeded to this account <input type="checkbox"/> Yes <input type="checkbox"/> No Other Proof of Identity (Type)..... (No.) Expiry date(if any)

Overseas Address/Communication Address

State

PIN/ZIP

Country

Mobile

Indian Address/Permanent Address

State

PIN

Country

Mobile

Email ID

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)

Sl No.	Country of residence for tax	Tax Identification Number (TIN) or functional equivalent	TIN issuing Country	
1				Residence for Tax Purposes is in Jurisdiction Outside India is same as the Overseas address <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, Please fill the below details) Address : City : State: PIN : Country:.....
2				
3				

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.

Nomination required YES *No

IF OPTED FOR "YES", NOMINATION FORM ATTACHED AS ANNEXURE

.....
 ***Signature(s)/Left hand thumb impression(s) of depositor/s

(*Signature is mandatory. I have understood the benefits of nomination & still do not wish to nominate)



ACCOUNT OPENING RULES

Please use this form for beginning a new relationship with The South Indian Bank Ltd.

- All the necessary documentation as mandated by the Regulatory/Bank authorities should be provided for opening the accounts.
- All accounts should maintain the stipulated average quarterly balance based on the product programme and branch in which the accounts are opened.
- NRE/NRO Savings/Current 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 ccc@sib.co.in and if not resolved satisfactorily within 30 days the Ombudsman appointed by Reserve Bank of India in charge of the concerned region, may be approached.
- As per RBI guidelines all existing Resident status accounts should be converted to Non-resident Status (NRO account) when the customer becoming an NRI.
- Business/Trading/Partnership/Proprietary/Corporations cannot opt a saving account. The bank reserves the right to close the account in case the NRE/NRO savings/current accounts 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 & Fee 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/Current Accounts. In case of exceptions, the bank would charge interest at commercial rate.
- The bank reserves the right to close the account in case of any 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 deposit 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 upto Rupees One lakh within two months from the dated of claim list from the liquidator.
- For passbook updation, please visit your parent branch.

Guidance for filling Account Opening Form

- Please fill up in **BLOCK** letters only and use black ink for signature. Please leave one box blank between two words.
- Name mentioned and signatures in application and all Identification Documents should be legible and same.
- Please use uniform signatures across all places in application and in your all future banking transactions with us.
- Each applicant has to affix a passport size photograph in the box provided. Please also enclose another photograph for affixing on the Passbook.
- If any of the proof for identification being given for KYC is in foreign language, then certified translated copy of same has to be given. Translation can also be done by the applicant himself / herself on plain paper along with attestation by: South Indian Bank Officers / Notary Public/ Indian Embassy / High Commission.
- For minors, where proof of identity/ tax residency/ address is not available, the same will be provided by Father/Mother/Natural Guardian.
- You should authenticate corrections/alterations if any with full signature in the account opening application

For details list of documents/declarations/other requirements, please contact the branch officials.

Documents required for Account Opening

- One passport size photograph.
- 1)Proofs for Identity, 2) Communication Address proof, 3)Permanent Address, 4) Proof of Status, 5)Additional proof (only for non-face-to-face customers)
- Initial Remittance (Cheque or Draft) should be drawn in favour of "South Indian Bank a/c <Applicant's name>"

1. Proof of Identity

Copy of Passport (All pages including pages with immigration stamp)

2. Communication Address Proof (Overseas)

(NRIs with seafarer work profile and on ship, can either give employer's overseas address or Indian address.)
Anyone of the following:

1. Relevant pages of Passport (mentioning overseas address)
2. Self-declaration of address with positive confirmation by submitting a copy of anyone of the following.
 - a) Government issued National Identity Card at the country of residence
 - b) Driving License issued abroad
 - c) Latest Utility Bill (Electricity, Telephone, Gas)
 - d) Original copy of latest overseas bank account or existing NRE / NRO account statement carrying overseas address
 - e) Employer's certificate
 - f) Address proof of the blood relative as per point a) to e) above (spouse, father, mother, sister, brother and child) with whom you are staying along with supporting proof of relationship (Passport, PAN Card, Driving License, Voter Identity Card, Aadhaar Card, Marriage Certificate, Birth Certificate)

3. Permanent Address Proof (Overseas/Indian)

Anyone of the following:

1. For NRIs: Any one of the following:

- a) Relevant pages of Passport
- b) Driving License
- c) Voter Identity Card
- d) Aadhaar Letter/Card
- e) NREGA Job Card

2. For PIOs / OCIs: Relevant pages of Passport

4. Proof of Status

1. For NRIs: Any one of the following

- a) Valid Visa / Work Permit /Residence Permit
- b) Following documents for Seafarer
 - i) Continuous Discharge Certificate (CDC)
 - ii) Valid Job Contract (The disembarkation stamp on CDC should not be more than 6 month old)

2. For PIOs / OCIs: Any one of the following:

- a) PIO Card/ OCI Card
- b) Relevant pages of Passport of parents or grand-parents, establishing their Indian Origin
- c) Marriage Certificate establishing spouse's Indian Origin

5. Additional proof for applicants staying in FATF countries, who are not visiting our branch for opening the account (non-face-to face)

Anyone of the following:

1. An account payee cheque of your existing NRE a/c with a Bank in India, drawn in your name for a minimum of Rs 2000/- .
2. Account Statement (latest) of Original Overseas Bank or NRE a/c with any Bank in India - Self Attested by Customer

In case you are not visiting our Branch and staying in any of the **Non FATF countries**, then you have to attest your proof of Identity and proof of status by any of the above from your present country of residence: South Indian Bank Officers/Notary Public/Indian Embassy/High Commission/Banker Overseas

ACKNOWLEDGEMENT (CUSTOMER COPY)



Branch

Date

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Reference No.

To,
Mr/Mrs/Ms.....(1st Applicant)
Mr/Mrs/Ms.....(2nd Applicant)

Reg: Application for opening NRE/NRO Savings/Current account with South Indian Bank.

We acknowledge with thanks the receipt of your application for opening NRE/NRO Savings /Current account as referred to above.

Yours Faithfully,

Manager

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
------------------------------	--------------------------------

(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				
---	--	--	--	--	--

* 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:

1. You may nominate more than one individual, with clearly defined share percentages.
2. 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.
3. Nomination is applicable to all bank accounts / lockers / articles detailed above unless otherwise specified.
4. This form or the details in this form, as circumstances may admit, can be submitted electronically where the bank enables e-nomination.
5. 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	