

## Check List (SB/CA) for Resident Individual

Branch Sol Id:

Date:

Branch Name :

### FOR OFFICE USE

Fields marked (\*) are mandatory. Please fill up in BLOCK letters only and use black ink for signature (Please tick in appropriate box)

Customer ID

 Application Type  New Customer  Existing Customer

Account No.

 Account Type  Normal  Small  Minor

CKYCR No.:

Sl. No.	Check list	Yes	No	N/A
1	Any 1 OVD has been obtained (Please Specify : .....)			
2	Copy of PAN Card or Form 60 has been attached			
3	If applicant is a minor, duly filled Guardian Declaration form has been obtained			
4	Aadhaar Annexure I & II has been obtained			
5	I confirm in-person verification was carried out and Signature / Thumb impression of the applicant is verified by me			
6	I certify that self-certified documents (Proof of Identity & Proof of Address and others) received as part of account opening process have been verified from original and found correct & same is recorded on OVD's obtained			
7	I certify that the implications and conditions for the operation of the account have been explained to the customer (only in case of illiterate applicant)			
8	I certify that applicant signature has been obtained in front of me and photograph has been verified in- person			
9	If any other supporting documents are collected. please specify			1. 2. 3.

Documents Received : Self Certified

True Copy

Notary

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





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)

**Thumb Impression**

Thumb impression of 1st/2nd (Strike off whichever is not applicable) holder **Affixed** in my/our presence

Signature of Witness 1 .....

Signature of Witness 2 .....

Name .....

Name .....

Address .....

Address .....

.....

.....

Mobile/Tel.....

Mobile/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 .....

**AePs- Aadhaar Enabled Payment Services**

Yes, I/We hereby confirm that I/We want to avail AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit transaction services for my/our Savings/Current Account with the Bank.

No, I/We do not want to enable AEPS (Cash Withdrawal/Purchase/Funds-transfer) debit transaction services for my/our Savings/Current Account with the Bank.

\_\_\_\_\_  
 Signature

(\*Cash deposit, balance enquiry and mini-statement services would remain enabled on AePS. In case of non-selection of either options, AePS would remain disabled. Customer can enable / disable AePS by visiting branch. AePS debit services will be enabled in your account only if the Mode of Operation in the account is Either or Survivour,Former or Survivour,Any One or Self)

**Declaration**

I/We 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 there in 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 Saving Bank (SB) account (CA) for resident Individuals, and value added services-Mobile Banking, Internet Banking and ATM cum Debit Card in Bank's Website www.southindianbank.bank.in. 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 MITC, 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 Branch, its group companies including any affiliates and subsidiaries/banking financial institutions/-credit bureaus/agencies/service providers who have an agreement with 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/We hereby declare that in case of any update in the documents submitted by me/us at the time of establishment of business relationship / account-based relationship and thereafter, as necessary; I/we shall submit to the Bank the update of such documents. This will be done within 30 days of the update to the documents for the purpose of updating the records at Banks end

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.southindianbank.bank.in only.

I have read & understood all features of Savings/ Current account product chosen by me.

I / We agree to maintain Average Monthly Balance required for the applied account scheme as stipulated by the Bank. I/We have understood that non-maintenance of the Average Monthly Balance will attract charges and the same have been explained to me. I/We understand the detailed charging structure for non-maintenance of minimum average monthly balance, which is available on bank's website www.southindianbank.bank.in.

If there is no balance in the account to satisfy the service charges, I will provide sufficient balance in the account and bank may mark a lien on the subsequent credits in the account and recover my dues.

I hereby certify that the Savings Bank Account would be used by me to route transactions of only non-business/non-commercial nature. In the event of occurrence of such transactions or any such transactions that may be construed as commercial/business/dubious or undesirable, the Bank reserves the right to unilaterally freeze operations in such account and /or close the account.

I/We also understands that 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

I/We also accept all charges that are not mentioned here, but corresponds to the product chosen by me. I/We also understands that charges that are mentioned in MITC-Annexure and confirms that I/We have received a copy of the same and will not hold bank responsible on penalizing me/us on defaulting on the conditions laid down and updated by South Indian Bank Limited in www.southindianbank.bank.in. I/We, the undersigned, have read, understood and agree to absolutely and unconditionally abide by and be bound by the Terms and Conditions displayed on website www.southindianbank.bank.in as revised from time to time by South Indian Bank Limited, in relation to all of my/our accounts, for present and future, maintained/opened/to be opened with South Indian Bank Limited.

I/We confirm that the product features of account have been explained to me. I/ We hereby acknowledge receipt of rules & regulations of Savings/Current Account. I/for any disruption in account operation resulting from non-submission of OVD, as mandated.

I/We hereby provide the consent to send information/promotional messages through SMS,Whatsapp, Email & RCS.

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.southindianbank.bank.in 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.

Signature Applicant 1

Signature Applicant 2

Place

Date

Colour Photo  
1st Applicant

Colour Photo  
2nd Applicant

**Office Use**

Documents received  Self Certified  Truecopy  Notary

LG PPC ( Canvassed PPC )  LC PPC

CRM LeadID

Promo Campaign Code .....

UEID Code of Salary Accounts .....

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

Anyother information :

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

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

### Terms and Conditions for opening Savings/Current accounts

**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 Salary account will be converted in to Savings Account & charges will be applicable accordingly. • 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.bank.in and if not resolved satisfactorily within 30 days the same may be escalated to Reserve Bank of India via <https://cms.rbi.org.in> or sent physically to Centralised Receipt & Processing Centre, Reserve Bank of India, 4th Floor, Central Vista, Sector 17, Chandigarh - 160017.

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 behavior. • 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 our website - "Service charges".&Fees Brochure and the Code of Bank's Commitment for individual Customers can be obtained from the 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. • No interest is paid for the current account holders

I/ We agree to promptly notify the Bank of any change in permanent / communication address / contact details provided under my / our CIF ID with supporting documents as mandated by the rules of the Bank. I / We also agree to submit my/ our KYC documents as and when my accounts are due for KYC update. I / We will not hold the Bank responsible for any disruption in account operation resulting from non-submission of OVD, as mandated. I/We hereby agree to share my/our personal information (including mobile number & email) to the external vendor for verification purpose.

In case number or volume of the transactions in the account are found to be not matching with the profile declared by the customer, Bank has the right to put restrictions in the operations of the account and customer should provide satisfactory clarifications for the reason for such high number or volume of transactions for getting the account unfreezed.

In view of the fast pace of digitalization, and as an adequate safeguard, customers are advised to update their Mobile number and Email Id, with bank, so as to receive regular updates regarding their accounts and transactions. Customers are advised to contact home branch / bank's Toll Free number, through the contact numbers published in bank's website, in case of instance of non-receipt of alerts, through SMS or Email. In the best interest of customers, bank advises installation and regular/periodic use of digital channels such as Mirror+ (Mobile banking) and SIBerNet (Internet banking), to be up to date, and fully aware of all accounts and transactions therein. This will additionally help customers in bringing to the notice of the bank, any instances of unauthorized transactions in their accounts.

No interest will be paid for the funds in the Current Account

I, the undersigned account holder, do hereby acknowledge that I, have been informed about the complimentary/ ancillary Insurance Coverage ("the Insurance Policies") provided in connection with the "HER Account" ("the account"). By signing below, I hereby give my explicit and unequivocal consent, and authorise the 'Bank' to treat the first active and validly registered nominee in my aforementioned account as my lawful nominee for any and all benefits accruing under the Insurance Policy linked to this account. I hereby further authorise the 'Bank' to communicate the nominee details pertaining to the Insurance Policy to the Insurance Company.

(Signature of the 1st Applicant)

(Signature of the 2nd Applicant)

#### Acknowledgement Form(Nomination)

Branch

Date

Dear Sir/Madam,

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

Name of the Nominee :  Age

Yours Faithfully

Signature of Bank Official with Seal

#### Acknowledgement Form(for customer)

Branch .....

Date

Reference No. ....

To, Mr/Mrs/Ms.....(1<sup>st</sup> Applicant)

Mr/Mrs/Ms.....(2<sup>nd</sup> Applicant)

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

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

Yours Faithfully

Signature of Bank Official with Seal

**Application / Declaration for submitting physical Aadhaar card /E-Aadhaar card /Masked Aadhaar /Offline Electronic Aadhaar xml for the purpose of opening bank accounts**

The Branch Manager

Date .....

..... Branch

The south Indian bank Ltd

Dear Sir,

Account no ..... In the name of Mr. /Ms .....submitting physical Aadhaar card /E-Aadhaar card /Masked Aadhaar /Offline Electronic Aadhaar xml for the purpose of opening bank accounts

1. I hereby confirm that I have submitted my physical Aadhaar card /E-Aadhaar card /Masked Aadhaar /Offline Electronic Aadhaar xml voluntarily as an officially valid document for opening a bank account.
2. I hereby declare that all the above information voluntarily furnished by me it true, correct and complete.

Yours Faithfully,

(Signature / Thumb impression of customer)

(if consent sent through BC/BDO)

I hereby authorize the Banking Correspondent

.....

Name:

I hereby authorize the Sarpanch / BDO

.....

Mobile No:

to submit the above consent letter to the bank.

Email:

Encl: Copy of Aadhaar

## Most Important Terms & Conditions (MITC) For Savings Account

(Please read and fill the form carefully before signing)

Branch: .....

Date .....

Shri/Smt..... (Primary A/c Holder)

Shri/Smt..... (Second A/c Holder)

With reference to AOF submitted by me /us to South Indian Bank for opening \_\_\_\_\_category account with initial remittance of Rs. \_\_\_\_\_, I/We have accepted and agreed to the following information that has been provided to me/us.

<b>SAVINGS ACCOUNT: CHARGES, FREE FACILITIES &amp; OTHER BENEFITS</b>					
<b>Product</b>	<b>Average Monthly Balance</b>		<b>Periodicity of Min Balance calculation</b>	<b>Max Charges for non-maintenance of MAB</b>	<b>Tick ✓ the account you have chosen</b>
	Metro/Urban	Semi Urban/Rural			
SIB Gen Next	5000	5000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB Youth Plus	5000	5000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Standard	N/A	2500*	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Silver	5000	5000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Gold	10000	10000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Ruby	25000	25000	Monthly	Rs..300/-*	<input type="checkbox"/>
SB Mahila Delight/Elite Senior	5000	2500	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Platinum	100000	100000	Monthly	Rs.300/-*	<input type="checkbox"/>
SB-Basic(BSBDA)	-	-	-	-	<input type="checkbox"/>
SIB Connect	-	-	-	-	<input type="checkbox"/>
SIB Scholarship	-	-	-	-	<input type="checkbox"/>
SIB Doctors Plus	-	-	-	-	<input type="checkbox"/>
SIB NHA I	-	-	-	-	<input type="checkbox"/>
Salary Account-Basic/Smart/Executive/Premium	-	-	-	-	<input type="checkbox"/>

\* Standard accounts can be opened only in Rural branches.  
 \* Charges displayed above are subject to GST  
 \*To know more about the other charges & conditions, please visit our website [www.southindianbank.bank.in](http://www.southindianbank.bank.in)

Any other charges that are not mention herewith above but are provided for in the product shall be applicable to me/us.

I/we hereby understand that any changes in the charges hereafter updated on the Bank's notice /Website [www.southindianbank.bank.in](http://www.southindianbank.bank.in) will be applicable to me.

Name of the Applicant/(s): 1.

2.

Applicant/(s) Signature/(s)

.....Office use only.....

### Declaration by the Branch/Office

I hereby confirm that the KYC documents of the customer was verified with the originals & found satisfactory.

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

# Most Important Terms & Conditions (MITC)

## For Current Account

(Please read and fill the form carefully before signing)

Branch .....

Date .....

Account Name .....

With reference to AOF submitted by me /us to South Indian Bank for opening \_\_\_\_\_ category account with initial remittance of Rs. \_\_\_\_\_, I/We have accepted and agreed to the following information that has been provided to me/us.

### CURRENT ACCOUNT: CHARGES, FREE FACILITIES & OTHER BENEFITS

Product	IP Value	Average Monthly Balance (AMB)/Quarterly Forex Throughput (QFT)*		Periodicity of Min Balance calculation	Max Charges for non-maintenance of AMB/QFT		Tick ✓ the applicable product
		Metro/Urban	Semi-Urban/Rural		<50% of AMB	>50% & <100% AMB	
SIB EXIM Silver*	N.A	USD 15000	USD 15000	Quarterly	500		
SIB EXIM Gold*	N.A	USD 50000	USD 50000	Quarterly	750		
CA Premium Platinum	500000	500000	500000	Monthly	1000	750	
CA Premium Gold	100000	100000	100000	Monthly	800	650	
CA Smart Premium	50000/25000	50000	25000	Monthly	650	500	
CA Premium Standard	10000	10000	10000	Monthly	500	350	
CA Premium General	5000	5000	5000	Monthly	350	250	
SIB Merchant Plus	10000	NIL	NIL	-	NIL	NIL	
SIB RERA	NIL	NIL	NIL	-	NIL	NIL	

\*Charges are subject to GST

\*Free facilities will be provided based on the required AMB/QFT maintained in the previous month/quarter.

\*To know more about the other charges & conditions, please visit our website [www.southindianbank.bank.in](http://www.southindianbank.bank.in)

I/we hereby understand and aware that charges will be applicable to the chosen product as prescribed in Compendium of Service Charges.

I/we hereby understand that any changes in the charges hereafter updated on the Bank's notice /Website [www.southindianbank.bank.in](http://www.southindianbank.bank.in) will be applicable to me.

Name of the Applicant/(s):

Signature/(s)

.....For Office Use Only.....

### Declaration by the Branch/Office

I hereby confirm that the KYC documents of the customer was verified with the originals & found satisfactory.

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



## Terms and Conditions for opening Savings/Current accounts

(for office use)

I/We hereby confirm that I/We have received the Terms and Conditions/Account Opening Rules & Regulations for opening Savings/Current accounts.

Customer Name: \_\_\_\_\_ Customer Signature: \_\_\_\_\_

.....tear here.....

.....tear here.....



(Customer copy)

## Terms and Conditions for opening Savings/Current accounts

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 Salary account will be converted in to Savings Bank Account & charges will be applicable accordingly for salary accounts. • All accounts should maintain the stipulated average monthly balance based on the product programme and branch in which the account opened • Savings Bank 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 Resdresal Cell within the bank can be approached for a resolution at [customercare@sib.bank.in](mailto:customercare@sib.bank.in) and if not resolved satisfactorily within 30 days the same may be escalated to Reserve Bank of India via <https://cms.rbi.org.in> or sent physically to Centralised Receipt & Processing Centre, Reserve Bank of India, 4th Floor, Central Vista, Sector 17, Chandigarh – 160017.

Business/Trading/Partnership/Proprietary/Corporations cannot opt a saving account. Trust/Societies/Charitable/Educational institutions may open a Savings Bank account subject to conditions. The bank reserves the right to close the account in case the Savings Bank 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 our website - “Service charges”. Fees Brochure and the Code of Bank’s Commitment for individual Customers can be obtained from the website. Interest on Savings Bank account will be paid at the rate stipulated by RBI from time to time. • No interest will be paid for the funds in the Current Account.

No unarranged overdraft would be allowed in the Savings Bank 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 of survivors will be dealt with as per guidelines.

In case number or volume of the transactions in the account are found to be not matching with the profile declared by the customer, Bank has the right to put restrictions in the operations of the account and customer should provide satisfactory clarifications for the reason for such high number or volume of transactions for getting the account unfreezed.

In view of the fast pace of digitalization, and as an adequate safeguard, customers are advised to update their Mobile number and Email Id, with bank, so as to receive regular updates regarding their accounts and transactions. Customers are advised to contact home branch / bank’s Toll Free number, through the contact numbers published in bank’s website, in case of instance of non-receipt of alerts, through SMS or Email. In the best interest of customers, bank advises installation and regular/periodic use of digital channels such as Mirror+ (Mobile banking) and SIBerNet (Internet banking), to be up to date, and fully aware of all accounts and transactions therein. This will additionally help customers in bringing to the notice of the bank, any instances of unauthorized transactions in their accounts.

I, the undersigned account holder, do hereby acknowledge that I, have been informed about the complimentary/ ancillary Insurance Coverage (“the Insurance Policies”) provided in connection with the “HER Account” (“the account”). By signing below, I hereby give my explicit and unequivocal consent, and authorise the ‘Bank’ to treat the first active and validly registered nominee in my aforementioned account as my lawful nominee for any and all benefits accruing under the Insurance Policy linked to this account. I hereby further authorise the ‘Bank’ to communicate the nominee details pertaining to the Insurance Policy to the Insurance Company.

# 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.
------------------------------------	----	----	----	----

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-impression 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	