SOUTH INDIAN Bank
EXPERIENCE NEXT-GEN BANKING

APPLICATION FOR **MODIFICATION OF MOBILE NUMBER** (For **NRI Customers**)

Branch Name :

Account Number : | | | | | | | | | | | | | | | |

CIF ID : | | | | | | | | | |

Name of the Customer :

I hereby request you to change my registered mobile number from:

(existing mobile number) Country Code: | | | | **Mobile Number :** | | | | | | | | | | | **To**

(my new mobile number) Country Code: | | | | **Mobile Number :** | | | | | | | | | | |

Declaration

I/We hereby declare that the details furnished above are true and correct 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 hereby undertake that periodic KYC updations will be carried out as per the policy. My/our personal KYC details may be shared with Central KYC Registry/Tax Authorities/Regulators both local and foreign. I/We hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately and will be carrying out periodic updation as per policy. 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 hereby undertake and authorize South Indian Bank to share all information provided by me/us, of any nature, including personal and sensitive information relating to accounts, investments, or credit facilities, with South Indian Bank's group companies, affiliates, subsidiaries, banking/financial institutions, credit bureaus, agencies, and service providers that 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

Place: :

Date: :

Signature of the Applicant

The application form properly filled and signed to be send to: onlinekyc@sib.bank.in from the email ID registered with the Bank.