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Date Of Birth Annual Income (Rs.) Net Worth Residential Status Resident Non Resident Foreign National FATCA/CRS TIN Country of Jurisdiction of Residence Tax Identification No Tax Identification No													
FATCA/CRS TIN Country of Jurisdiction of Residence													
Nationality Indian Other Country code VISA no VISA Expiry Date.													
Occupation Service Private Sector Public Sector Government Sector Business Professiona													
Self Employed Retired Housewife Student Others, Please Specify													
PAN No. If PAN is not available, please fill separate Form No. 60													
Other Proof of Identity (POI) Type Expiry date (if any)													
Proof of Address													
Communication Address (Residential/Business) Permanent Address (Residential/Business)													
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State State													
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Country Country Country													
Mobile /Phone Email ID													
Any other informationPEP (Politically Exposed Person) /Related to PEP /Not appli													
D. If any of the applicants are EXISTING ACCOUNT HOLDERS Please mention the Customer Identification No.													
Ist Applicant Customer ID													
NOMINATION FORM DA1													
(applicable in accounts of individual/individuals)													
NOMINATION UNDER SECTION 45 ZA OF THE BANKING REGULATION ACT 1949 AND RULE 2(1) OF													
THE BANKING COMPANIES (NOMINATION) RULES 1985 IN RESPECT OF BANK DEPOSITS.													
I/We (Name and address) nominate the following person to whom in the event of my/our/minor's death the amount of the deposit, particulars of whereof are given below, may be returned													
The South Indian Bank Ltd(Name and address of the branch/office where deposit is held													
Details of deposit Nominee													
If nominee ** is													
Nature Account Number Name Address Relationship with a minor date of													
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Nature Account Number Name Address depositor, if any a minor, date of birth & age Additional details, if any													
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Deposit Details I/We request you to open a SB (Savings Bank) account - Domestic														
Cash (To open an account with cash, the customer must Amount														
deposit the cash in person only at the parent branch)	Oh a mus Ne													
Cheque Amount Rs	•	Dated[Customer Name])												
Channel Services/Cheque Book														
	stic use only /International and Domestic Use													
Name to be displayed on ATM /Debit Card (Debit cards	will not be issued for Jointly operated account	S)												
1st Applicant														
IInd Applicant														
SMS alert required Yes If Yes, Mobile N	lumber													
Mobile Banking required Yes No Laternat Banking required Yes Cheque Bo	ook Yes No I	No. of Leaves												
Internet Banking required Yes No														
Introduction I /We confirm that I/We personally know the applicant/s for more than	Months and confirm his /her /their identity	and address as stated above												
Name	5													
Credit Facilities														
I/We are not enjoying any credit facilities from the banking system														
I/We are enjoying credit facilities from the banking system, as listed in our enclose	ed letter. The NOCs from the lenders (applicable for	current accounts) are also enclosed.												
Purpose of account														
Thumb Impression Thumb impression of 1st/2nd (Strike off whichever is not applicable) holder aflx	od in my /our procence													
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 ac	count)													
Source of funds : Self funds / Minor's funds (strike off whichever is not applicable		adamatifa the bank and and												
I declare that the withdrawals from the account will be made only for utilizing th the claim of the above minor/s for any transaction/withdrawal made by me in his		ndemnify the bank against												
Signature of guardian														
Declaration														
We hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and a 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 author	prise you to link Aadhaar Number and biometric aadhaar authenticat	ion service, E-KYC. My personal / KYC details may												
be shared in Central KYC Registry, Tax Authorities/Regulators both local and foreign. Whe hereby consent to receiving init read and fully understood the features, nules, terms and conditions applicable to Savings Bank (SB) accounts/Current accounts in Bank's Website www.southindianbank.com. We declare that WMe am/are aware of the advantages of nonination/ben	unts (CA) for residentIndividuals, and value added services-Mobile Ba	nking, Internet Banking and ATM cum Debit Card												
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 & sensit	ive information relating to account/investment/credit facility can be	shared with/to other South Indian Bank, its group												
companies including any affiliates and subsidiaries/banking financial institutions/credit bureaus/agencies/service provider products/services available to me, pursuant to the consent provided earlier, shall no longer be available to me, and I shall subsidiaries/affiliates liable for use of any such information.														
I (in this context, "I", "my" and "me" refers to all holders of the account) have read and understood the T&C and underst I //We hereby provide the consent to download my KYC Records from the Central KYC Registry (CKYCR), only i														
I/We understand that my KYC Record includes my KYC Records /Personal information such as my name, addr	ress, date of birth, PAN number etc.													
Signature Applicant 1	Colour Photo	Colour Photo												
	1st Applicant	2nd Applicant												
Signature Applicant 2														
)													
Place	Date													
Office Use														
Documents received Self Certified True copy Notary	Risk Category High	MediumLow												
LG 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 OfIcer (Sign Code) www.southindianbank.com CIN:L65191KL1929PLC001	Signature of Branch head (Sign Code) ee 18001029408, 18004251809												
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