## SIB Internet Banking Digital Signature Certificate Application Form

To

| | DD | MM | YY |
|---|---|---|---|

Branch.................................................................. Br. Code ☐☐☐☐ Date ☐☐☐☐☐☐

I/We wish to register for Digital Signature Certificate as my/our 2nd factor authentication in SIB Internet Banking.

Name of Customer/Firm : ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Customer ID : ☐☐☐☐☐☐☐☐

User ID: ................................................................................................

### DECLARATION

I/We have purchased the Digital Signature Certificate as per the Class mentioned in SIB's website from ................................................................................. I/We affirm, confirm and undertake that I have read and understood the "Terms and Conditions" in the website for the usage of Digital Signature Certificate as my/our 2nd factor authentication in Internet Banking of The South Indian Bank Ltd.

I/We understand that Digital Signature Certificate is required for login to Internet Banking of South Indian Bank and for completing applicable financial an non financial transactions. I/We also understand that timely renewal is required for DSC. I declare that all the particulars and information given in this application form are true, correct complete and up-to-date in all respects and I, and other joint account holders have not withheld any Information. I/We agree and undertake to provide any further information that SIB may require. I/We agree and understand that SIB reserve the right to reject any application or block the Internet Banking facility to any account or withdraw Internet Banking Service without assigning any reason. I/We agree and understand that SIB reserve the right to retain the application forms, and the documents provided therewith, and will not return the same to me.

Date:........................... Place...............................Customer Signature...........................................................
*( For Corporate customers all authorised signatories should sign the application form along with company/firm seal)*

### For office use

*Certified that the above account is one in which full formalities relating to KYC and AML guidelines are complied with and there is no adverse comment about the account in KYC audit. Forwarded to TBD- I-Banking for further processing.*

*(The RM of the branch has to sign this application form confirming that the account number, signature, operational instruction & signature are valid)*

| Branch Name | RM/Manager/Officer (with date) |
|---|---|
| | |