SIBerNet (Corporate) Application For Higher Transaction Limits To Date: The Manager The South Indian Bank ltd Br:.... Kindly provide the following transaction limits to the following accounts under my Customer ID. and the accounts that I may open under the customer ID in future, linked to my SIBerNet User ID SIBerNet Corporate User ID: Signature of the Corporate User: Customer ID: Account Number 1: Account Number 2: Name of the Company/Firm: Daily Self Fund transfer, Third party/ Tax payment, NEFT/RTGS/E-commerce payment limit (Rs. In Lakh) Put a tick mark 25 100 200 500 1500 2000 3000 Default Default daily fund transfer limit is Rs. 25 Lakh for Self, Rs. 15 Lakh for Third Party and Rs. 15 Lakh for External fund transfer. Enhanced daily limit will be applicable for Self, Third party and External fund transfers each. Kindly Note, IMPS fund transfer limit will be fixed at Rs 2 Lakh for P2A in all limit schemes. IMPS transaction limit will be in addition to the default/enhanced fund transfer limit. P2A - Fund transfer using A/c No & IFSC **Declaration** I/We understand that My SIBerNet ID will permit me to do transactions up to the limits as detailed above, and I/We agree to undertake the risk involved in setting up such higher limit. I/We understand that the funds can be transferred from all accounts under my Customer ID linked to my SIBerNet ID to any account with the bank or in other banks. Also I understand that these limits are applicable to all the accounts/customer IDs that may be linked to my SIBerNet User ID in future. I/We understand that the bank approved limit will continue until I/We submit a written request to modify higher transactional limit. I/We also understand that the bank can withdraw the limit without any prior intimation. Name & Signature of authorized holder (with seal)

2)......4).....

For Branch use only Application shall be forwarded through RO to TBD – I Banking for Approval/ Setting the limit				
We confirm that the below mentioned customer is eligible for higher transaction limit of				
Rs				
Asst. Manager(Signature with Seal) Principal Officer(Signature with Seal)				
For RO Use only				
 □ We recommend that the limit enhancement of Rs				
Principal Officer (Regional Office):				
Signature with Seal & Date:				
For TBD – I Banking Use only				
We confirm that the enhanced limit structure can be set up in SIBerNet for this customer, based				
on Branch/RO recommendation/ sanction.				
Name:				
Date: Signature with seal:				

For TBD – I Banking Use only			
Limit Set by	Limit Approved by		
Name of the officer	Name of the officer		
Date:	Date:		
Signature:	Signature:		

Specimen of Board Resolution for Corporate Customer

(To be obtained in the letter head of the of Limited Companies, Trusts, LLP and other Corporate entities)

with SIB Ltd. fo	nat the company do avail the "SIBerNet-C td. at their various Branch (es) and the cor r the purpose. Resolved that the following	mpany do accept such terms, regulations authorized signatories namely,	rice for the accounts opened / to be opened ons, conditions, stipulations laid down by
be and her conditions conditions	reby singly/jointly authorized to convey contained in the application form or on the	to SIB Ltd. acceptance on behalf the Website and agree to such change inate, substitute, revoke and vary man	of the Company/Bank of the terms and es and modifications in the said terms and indate etc. from time to time and to execute
Resolved the hereby sever		and are hereby approved and accepted ons therein as may be suggested by S	d, and the authorized signatories be and are
		•	
accounts in		pany's account(s) with SIB Ltd. and	ternet Banking service on the company's /or continually operate the account(s) even
Resolved for operate and		ized signatory Shri	h SIBerNet facility of SIB Ltd. and is the
Resolved from the restricted. Resolved from the restricted.	authorized to view, operate and initiate all However, facilities such as transaction ap further that the below mentioned authorized	the company Shri	ory of bank account), Employee number SIBerNet facility of SIB Ltd. and is KYC quest and Message centre facility shall be ve SMS and Email alerts on behalf of the
company/F	irm while performing Financial and Non-l		
Sl. No	Name of the Signatory/User	Mobile Number (With Country Code)	E-mail Id
instructions	s by the authorized signatories.		t protected on account of it executing such
circumstand from or rela by the use of Resolved fr	urther that the bank shall not be responsible ces beyond its control. The bank shall not ated to the use of User ID and password. Tof User ID and Password. We the companyurther that Chairman of the Board/Secreta to furnish a copy of the resolution certified	be responsible for any dispute consective company/Firm shall be solely responsible to the solely	quential or indirect, loss or damage arising ponsible for all the transactions affected authorized use of User ID and Password.
Authorised	Signatories Name	Authorised Signature/s With	ı Seal
Authorised	Signatories Name	Authorised Signature/s With	ı Seal
		[Company seal]	

Specimen of Letter of Mandate

(To be obtained in the letter head of the Partnership Firm, HUF & other unincorporated bodies)

To, The South Indian Bank Ltd,		
We	ecounts opened / to be opened with	SIB Ltd. at their various Branch(es) and the
Shri	nd agree to such changes and modifie, revoke and vary mandate etc. from required for this purpose. It conditions and the authorized sign	fications in the said terms and conditions as om time to time and to execute such deeds, natories be and are hereby severally
Shri	ount(s) with SIB Ltd. and/or cont The firm does agree to hold SIB L	inually operate the account(s) even when
(Optional Part for online bill payment/e-commerce We hereby authorize Shri	to operate and n SIB Ltd. and is the only person auth who is not a Authorised Signatory ough SIBerNet facility of SIB Ltd.	nake Shopping mall payments (Online Bill norized to initiate and authorize Shopping of bank account), Employee number, to view, and is KYC complied. However, facilities
such as transaction approval, cheque book request, DE We hereby approve that the below mentioned authoriz company/Firm while registering an external payee for	red signatories are authorized to reco	•
SI. No Name of the Signatory/User	Mobile Number (With Country Code)	E-mail Id
We further agree that the bank shall not be responsite circumstances beyond its control. The bank shall not be from or related to the use of User ID and password. User ID and Password. We the firm shall indemnifing partners of the Firm be and is hereby authorized to fur (To be signed by all the Partners)	be responsible for any dispute consecutive when the solely responsible for by the bank for any unauthorized upon the solely responsible for any unauthorized upon the solely responsible for any unauthorized upon the solely responsible for any dispute consequence.	equential or indirect, loss or damage arising all the transactions affected by the use of use of User ID and Password. Any of the
Name	Signature	