

Ref No/BR/Gen/ 46 /2024-25

Date:19.07.2024

To

Thomas Oommen

Varamannil, Concordia Lane

Peroorkada P O

Trivandrum-695005

Sub:- Fixed Deposit details of Mr Thomas Oommen

Dear Sir

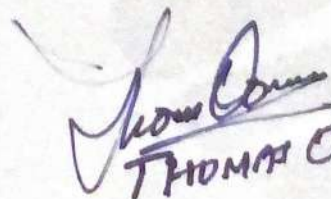
This is to certify that Mr Thomas Oommen (PAN:-AALPO3580E) is having fixed deposit with The South Indian Bank, Branch Peroorkada, Trivandrum

Sl No	Fixed Deposit Number	Maturity Amount (in Indian Rupees)	Present Value of deposit as on 18-07-2024 (in Indian Rupees)	Maturity Date
1	0562101000003968	170854.00	163644.00	27 th OCT 2024
2	0562101000004144	229623.00	214928.00	17 th FEB 2025
3	0562101000004529	323165.00	312027.00	31 st AUG 2024
4	0562101000004530	323165.00	312028.00	31 st AUG 2024
5	0562101000004766	217813.00	203211.00	12 th FEB 2025
6	0562101000004767	217813.00	203211.00	12 th FEB 2025

Total Value of deposit as on 15-07-2024 Rs 1409049.00 which is equivalent to EURO 15352.46 approximately

Yours Faithfully,
For THE SOUTH INDIAN BANK LTD.
Senior Manager

Peroorkada


THOMAS OOMMEN

TERM DEPOSIT ADVICE

Issued in lieu of Deposit receipt
(This is not a Negotiable Instrument)

Branch : PEROORKADA, TRIVANDRUM
 Name : THOMAS OOMMEN
 Address : VARAMANNIL, CONCORDIA LANE
 PEROORKADA P O,
 THIRUVANANTHAPURAM
 KERALA
 695005

Branch Code : 0562
 Print Date : 20-07-2024
 Customer ID : A53715061
 A/C No : 0562101000003968
 PAN : AALPO3580E
 Mode of Operation : SELF
 Interest Payment : On Maturity
 Auto Renewal : Yes

Jointly with : XXXXXXXXXXXX

Deposit Type : KND - ASHRAYA

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.


Amount (In words) : **Rupees One Lakh Fifty-Nine Thousand Two Hundred Sixty-Two Only**

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
12 Months	7.1%	INR 159262	27-10-2023	27-10-2024	INR 170874

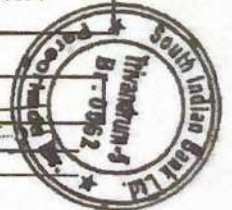
Nomination : Not Registered Nominee :

Premature closure penalty is applicable for term deposit.

TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax will be deducted at source, if applicable


 Signature of Officer(Sign Code.....45.....)

Print By/Date : 6635 20/07/2024 11:46:28



APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

I/We request you to please close the above Term Deposit Account held in my/our name: Date

The proceeds thereof shall be credited to the below-mentioned account:

Account Number

Account Name

*Name of the Bank

*IFSC Code

Date of Closure

* To be filled in only for Non-SIB accounts.

I/We hereby declare that the Deposit requested to be closed has not been assigned/pledged/encumbered in favour of any third party and that I/We am/are the sole and absolute owner(s) of the same. I/We further undertake that, upon closure of the Deposit, I/We shall immediately destroy the Deposit Receipt along with any copies thereof, if any, available with me/us pertaining to the closed Deposit account, and I/We shall not deal with the same in any manner that would cause any claim to be raised against the Bank. I/We further undertake to indemnify the Bank and hold it harmless against any losses, damages, claims (including third party claims) or liabilities that may be incurred by the Bank arising out of the closure of the Deposit.

I/We hereby undertake to abide by all the Terms and Conditions and Schedule/List of charges available in the Bank website (www.southindianbank.com) and as updated from time to time.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

OFFICE USE

Employee PPC

Date


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

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

www.southindianbank.com

CIN:L65191KL1929PLC001017

Toll Free 18001029408, 18004251809


THOMAS OOMMEN



TERM DEPOSIT ADVICE

Issued in lieu of Deposit receipt
(This is not a Negotiable Instrument)

Branch : PEROORKADA, TRIVANDRUM
Name : THOMAS OOMMEN

Address : VARAMANNIL, PEROORKADA P O,
THIRUVANANTHAPURAM
THIRUVANANTHAPURAM
KERALA
695005

Branch Code : 0562
Print Date : 15-02-2023
Customer ID : A53715061
A/C No : 0562101000004144
PAN : AALPO3580E
Mode of Operation : SELF
Interest Payment : On Maturity
Auto Renewal : Yes

Jointly with : XXXXXXXXXX

Deposit Type : KND - GENERAL

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.

Amount (In words) : Rupees Two Lakh Only

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
12 Months 1 Days	7%	INR 200000	15-02-2023	16-02-2024	INR 214413

Nomination : Registered Nominee : SUSAN THOMAS

Penalty closure penalty is applicable for term deposit.
TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax shall be deducted at source, if applicable

Thomas Oommen
Signature of Officer (Sign Code: 4437)

Print By/Date 6635 15/02/2023 10:57:58

APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

We request you to please close the above Term Deposit Account held in my/our name: _____ Date

The proceeds thereof shall be credited to the below-mentioned account:

Account Number

Account Name

Name of the Bank

IFSC Code

Date of Closure

To be filled in only for Non-SIB accounts.

We hereby declare that the Deposit requested to be closed has not been assigned/pledged/encumbered in favour of any third party and that we are the sole and absolute owner(s) of the same. I/We further undertake that, upon closure of the Deposit, I/We shall immediately destroy the Deposit Receipt along with any copies thereof, if any, available with me/us pertaining to the closed Deposit account, and I/We shall not deal with the same in any manner that would cause any claim to be raised against the Bank. I/We further undertake to indemnify the Bank and hold it harmless against any losses, damages, claims (including third party claims) or liabilities that may be incurred by the Bank arising out of the closure of the Deposit.

We hereby undertake to abide by all the Terms and Conditions and Schedule/List of charges available in the Bank website (www.southindianbank.com) and as updated from time to time.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

OFFICE USE

Employee PPC

Date

Signature of Officer (Sign Code: _____)

Signature of Branch Head (Sign Code: _____)

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Thomas Oommen
THOMAS OOMMEN

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 THIRUVANANTHAPURAM
 THIRUVANANTHAPURAM
 KERALA
 695005

Branch Code : 0562
 Print Date : 30-08-2023
 Customer ID : A53715061
 A/C No : 0562101000004529
 PAN : AALPO3580E
 Mode of Operation : SELF
 Interest Payment : On Maturity
 Auto Renewal : Yes

Jointly with : XXXXXXXXXXXX

Deposit Type : KND - ASHRAYA

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.

Amount (In words) : **Rupees Three Lakh Only**

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
367 Days	7.5%	INR 300000	30-08-2023	31-08-2024	INR 323207

Nomination : Registered Nominee : SUSAN THOMAS

Premature closure penalty is applicable for term deposit.

TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax will be deducted at source, if applicable


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

Print By/Date : 6635 30/08/2023 11:35:32

APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

I/We request you to please close the above Term Deposit Account held in my/our name: Date

The proceeds thereof shall be credited to the below-mentioned account:

Account Number

Account Name

*Name of the Bank

*IFSC Code

Date of Closure

* To be filled in only for Non-SIB accounts.

I/We hereby declare that the Deposit requested to be closed has not been assigned/pledged/encumbered in favour of any third party and that I/We am/are the sole and absolute owner(s) of the same. I/We further undertake that, upon closure of the Deposit, I/We shall immediately destroy the Deposit Receipt along with any copies thereof, if any, available with me/us pertaining to the closed Deposit account, and I/We shall not deal with the same in any manner that would cause any claim to be raised against the Bank. I/We further undertake to indemnify the Bank and hold it harmless against any losses, damages, claims (including third party claims) or liabilities that may be incurred by the Bank arising out of the closure of the Deposit.

I/We hereby undertake to abide by all the Terms and Conditions and Schedules/List of charges available in the Bank website (www.southindianbank.com) and as updated from time to time.

Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

OFFICE USE

Employee PPC

Date


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

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

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Name : THOMAS OOMMEN

Address : VARAMANNIL, PEROORKADA P O,
THIRUVANANTHAPURAM
THIRUVANANTHAPURAM
KERALA
695005

Branch Code : 0562

Print Date : 30-08-2023

Customer ID : A53715061

A/C No : 0562101000004530

PAN : AALPO3580E

Jointly with : XXXXXXXXXXXX

Mode of Operation : SELF

Interest Payment : On Maturity

Deposit Type : KND - ASHRAYA

Auto Renewal : Yes

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.

Amount (In words) : Rupees Three Lakh Only

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
367 Days	7.5%	INR 300000	30-08-2023	31-08-2024	INR 323207

Nomination : Registered Nominee : SUSAN THOMAS

Premature closure penalty is applicable for term deposit.

TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax will be deducted at source, if applicable

Print By/Date : 6635 30/08/2023 11:35:17

Signature of Officer (Sign Code: 4572) [Stamp]

APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

I/We request you to please close the above Term Deposit Account held in my/our name: Date

The proceeds thereof shall be credited to the below-mentioned account:

Account Number

Account Name

*Name of the Bank

*IFSC Code

Date of Closure

* To be filled in only for Non-SIB accounts.

I/We hereby declare that the Deposit requested to be closed has not been assigned/pledged/encumbered in favour of any third party and that I/We am/are the sole and absolute owner(s) of the same. I/We further undertake that, upon closure of the Deposit, I/We shall immediately destroy the Deposit Receipt along with any copies thereof, if any, available with me/us pertaining to the closed Deposit account, and I/We shall not deal with the same in any manner that would cause any claim to be raised against the Bank. I/We further undertake to indemnify the Bank and hold it harmless against any losses, damages, claims (including third party claims) or liabilities that may be incurred by the Bank arising out of the closure of the Deposit.

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Signature of 1st Applicant

Signature of 2nd Applicant

Signature of 3rd Applicant

OFFICE USE

Employee PPC

Date

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

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

Thomas Oommen
THOMAS OOMMEN

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 THIRUVANANTHAPURAM
 THIRUVANANTHAPURAM
 KERALA
 695005

Branch Code : 0562
 Print Date : 12-01-2024
 Customer ID : A53715061
 A/C No : 0562101000004766
 PAN : AALPO3580E
 Mode of Operation : SELF
 Interest Payment : On Maturity
 Auto Renewal : Yes

Jointly with : XXXXXXXXXXXX

Deposit Type : KND - ASHRAYA

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.
 Amount (In words) : **Rupees Two Lakh Only**

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
400 Days	7.9%	INR 200000	09-01-2024	12-02-2025	INR 217839

Nomination : Registered Nominee : SUSAN THOMAS

Premature closure penalty is applicable for term deposit.

TDS (applicable if any) shall be deducted on interest payable/ maturity value. Rates may vary from time to time. Unless form 15H/15G is submitted for every financial year in advance, tax will be deducted at source, if applicable

Print By/Date : 6635 12/01/2024 11:26:23


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


APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

I/We request you to please close the above Term Deposit Account held in my/our name: Date

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Account Number

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Signature of 2nd Applicant

Signature of 3rd Applicant

OFFICE USE

Employee PPC

Date


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

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

www.southindianbank.com

CIN:L65191KL1929PLC001017

Toll Free 18001029408, 18004251809


THOMAS OOMMEN

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 Address : VARAMANNIL, PEROORKADA P O,
 THIRUVANANTHAPURAM
 THIRUVANANTHAPURAM
 KERALA
 695005

Branch Code : 0562
 Print Date : 12-01-2024
 Customer ID : A53715061
 A/C No : 0562101000004767
 PAN : AALPO3580E
 Mode of Operation : SELF
 Interest Payment : On Maturity
 Auto Renewal : Yes

Jointly with : XXXXXXXXXXXX

Deposit Type : KND - ASHRAYA

We are pleased to confirm details of the following amount held in deposit with us. Please quote the account number in all the correspondence. Thank you for banking with us.

Amount (In words) : **Rupees Two Lakh Only**

Term	Rate of Interest(p.a)	Principal Amount	Value Date	Maturity Date	Maturity Value
400 Days	7.9%	INR 200000	09-01-2024	12-02-2025	INR 217839

Nomination : Registered Nominee : SUSAN THOMAS

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



Print By/Date : 6635 12/01/2024 11:26:39

APPLICATION FOR CLOSURE OF TERM DEPOSIT ACCOUNT

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Employee PPC

Date

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

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