

Documents required for account opening (please note bank may request additional documents to be provided in support of any application to open an account)

Document Type	Proprietorship Firm	Partnership Firm	Limited Companies	Trusts/Charity
Identity Of Business	1. Declaration by proprietor (along with proof of trading by providing invoice in name of the Proprietorship Firm) 2. Bank statement in name of the proprietorship firm for the last 3 months	1. Original Partnership Deed for verification along with certified copy of Partnership Deed (certified by any one of the partners)	1. Certification of Incorporation 2. List of all directors (this needs to be certified by an Independent Chartered Account/Solicitor on their letterhead) 3. Shareholding pattern of the company clearly specifying identity of all the entities with >20% holding (this needs to be certified by an independent Chartered Accountant/ Solicitor on their letterhead)	1. Certification of Registration of Trusts/Charity/Society 2. Certified copies of rules and regulations/bye-laws. 3. Complete list of Trustees/ Management Committee/ Governing Body Some more information required: a. Profile of the trust/charity/society b. Charity Framework c. Summary of information report on the charity/trusts/society d. Copy of the charity report (for charity only)
Authority For Bank Account	Proprietor's Mandate letter (as per format provided in Section L)	Partnership Mandate Letter (as per format provided in Section L on the firm's letterhead and signed by all the partners)	Board Resolution (as per format provided in the Section L on the company letterhead and certified by at least two officials - director/secretary - of the company)	Board Resolution (as per format Provided in the Section L on the charity/trusts/societies letterhead and certified by at least two officials - director/secretary of the trust/Charity/Society)
Address Of Business	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills (except Mobile Phone) (within 3 months) or 4. Declaration from proprietor that trading address and proprietor's address are same *Statement/Bills printed from Internet are not accepted	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills (except Mobile Phone) (within 3 months) or 4. Certificate from an independent chartered accountant/solicitor (if no address proof available) *Statement/Bills printed from Internet are not accepted	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills (except Mobile Phone) (within 3 months) or 4. Certificate from an independent chartered accountant/solicitor (if no address proof available) *Statement/Bills printed from Internet are not accepted	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills (except Mobile Phone) (within 3 months) or 4. Certificate from an independent chartered accountant/solicitor (if no address proof available) *Statement/Bills printed from Internet are not accepted
Identity Proof of Authorised Signatorie(s)/ Proprietor/Ultimate Beneficial Owner	1. Valid Passport or 2. Valid Photo card Driving License (full) or 3. National Identity Card	1. Valid Passport or 2. Valid Photo card Driving License (full) or 3. National Identity Card	1. Valid Passport or 2. Valid Photo card Driving License (full) or 3. National Identity Card	1. Valid Passport or 2. Valid Photo card Driving License (full) or 3. National Identity Card
Address Proof of Authorised Signatorie(s)/ Proprietor/ Ultimate Beneficial Owner	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills(except Mobile Phone) within 3 months or *Statement/Bills printed from Internet are not accepted	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills(except Mobile Phone) within 3 months or *Statement/Bills printed from Internet are not accepted	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills(except Mobile Phone) within 3 months or *Statement/Bills printed from Internet are not accepted	1. Current Council Tax Demand letter (within 3 months) or 2. Current Bank Statement (within 3 months) or 3. Current Utility Bills(except Mobile Phone) within 3 months or *Statement/Bills printed from Internet are not accepted
<i>All documents listed for identity can be used as address proof provided the same is not submitted as proof of identity.</i>				
Financials	Latest Annual Report/ Financial Statements Of The Business			

Section A: Business Details
Constitution Details

Business Name*					
VAT/ Registration Number*	(VAT in case of Sole Proprietorship)		Date Of Establishment/Incorporation*	DD/MM/YYYY	
Country Of Incorporation*			Tax Reference No.	(If Issued)	
Constitution Type*	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership Firm	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Trust/Charity to be added in AOF	<input type="checkbox"/> Others
Registration Number Given By FCA/PRA/EU Authority	(If Issued) to be added in AOF				
Are You A: to be added in AOF	<input type="checkbox"/> Credit Institution		<input type="checkbox"/> Debt Guaranteed Security Member		
	<input type="checkbox"/> Pension/Retirement Funds		<input type="checkbox"/> Collective Investment Undertaking		
	<input type="checkbox"/> Small Local Authority		<input type="checkbox"/> Insurance/Reinsurance Undertaking		

(by ticking on any of the above; you become a part of the exclusion list specified under FSCS guidelines; for more information you can visit this link http://www.fscs.org.UK/globalassets/disclosure-materials/fscs_2015_online-leaflet.pdf)

Registered Address (if different)

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	

Business Address

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Length Of Time At Address*	YY	Years	MM
		Months	

Previous Address (if period of address is less than 36 months)

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	

Contact Details

Business Telephone No.*	Country Code	Area Code	Number	Preferred Day-Time Contact No.*	Country Code	Area Code	Number
Mobile No.*	Country Code	Area Code	Number	Fax No.*	Country Code	Area Code	Number
Business E-Mail Address*				Confirm E-Mail Address*			
Industry*	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Trading	<input type="checkbox"/> Services	<input type="checkbox"/> Others			

Your Business Finances

Actual Annual Sales Turnover*	£	For The Financial Year Ended	YYYY	YY	
Balance Sheet Total*	£	As At	DD/MM/YYYY		
Actual Net Worth*	£	As On	DD/MM/YYYY		
No. Of Employees*		As On	DD/MM/YYYY	Financial Year Ending On*	MM YY

Your Confirmation On Account Usage

What business purpose(s) will the account be used for?*	
What will be the main type(s) of credit and debit transactions expected on the account (please include details of the volumes, amounts and the frequency of transactions)?*	
Credit Transactions*	
Debit Transactions*	
What country/countrie(s) does the business deal with and for what purpose(s)?*	

Section B:Account & Services

Purpose Of Account Opening*	<input type="checkbox"/> Business Transactions	<input type="checkbox"/> Savings	<input type="checkbox"/> Fixed Deposits
	<input type="checkbox"/> Others (please specify)		
Currency Of Account*	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> USD
Branch Preference*	<input type="checkbox"/> Birmingham	<input type="checkbox"/> East Ham	
	<input type="checkbox"/> Manchester	<input type="checkbox"/> Southall	<input type="checkbox"/> Thomas More Square <input type="checkbox"/> Wembley

Section C:Personal Details Of Authorised Signatorie(s)/Proprietor
Proprietor/Authorised Signatory 1:

Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name	Last Name
Nationality*		Country Of Residence*	Date Of Birth*	DD/MM/YYYY
Place Of Birth*		Position In The Company*		

Address Details

Flat/Building No.*	Flat/Building Name*	City*	Post Code*	
Street Name*				
Country*				
Length Of Time At Address*	YY	Years	MM	Months

Previous Address (if period of address is less than 36 months)

Flat/Building No.*	Flat/Building Name*	City*	Post Code*
Street Name*			
Country*			

Contact Details

Business Telephone No.*	Country Code	Area Code	Number	Evening Contact No.*	Country Code	Area Code	Number
Evening Contact No.*	Country Code	Area Code	Number	Mobile No.*	Country Code	Area Code	Number
Business E-Mail Address*	Confirm E-Mail Address*						

Identification Details									
Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License			<input type="checkbox"/> Others (please specify)				
Identification Number*					Valid Till*	DD/MM/YYYY			
Tax Reference Number*					Social Security Number (if issued)				
Are You A ICICI BANK UK PLC Account Holder*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	Account Number*					
Are You An Owner Of The Company*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	(Please tick yes if the percentage of ownership is more than 20%)					
<input type="checkbox"/> Immediate Owner	Percentage Of Ownership <input type="text"/> %		<input type="checkbox"/> Ultimate Beneficial Owner		Percentage Of Ownership <input type="text"/> %				
Are You The Director Of The Company/Organisation?*	<input type="checkbox"/> Yes			<input type="checkbox"/> No					
Authorised Signatory 2:									
Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name		Middle Name		Last Name			
Nationality*				Country Of Residence*			Date Of Birth*	DD/MM/YYYY	
Place Of Birth*				Position In The Company*					
Address Details									
Flat/Building No.*			Flat/Building Name*						
Street Name*					City*				
Country*					Post Code*				
Length Of Time At Address*	YY	Years	MM	Months					
Previous Address (if period of address is less than 36 months)									
Flat/Building No.*			Flat/Building Name*						
Street Name*					City*				
Country*					Post Code*				
Contact Details									
Business Telephone No.*	Country Code	Area Code	Number		Evening Contact No.*	Country Code	Area Code	Number	
Evening Contact No.*	Country Code	Area Code	Number		Mobile No.*	Country Code	Area Code	Number	
Business E-Mail Address*					Confirm E-Mail Address*				
Identification Details									
Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License			<input type="checkbox"/> Others (please specify)				
Identification Number*					Valid Till*	DD/MM/YYYY			
Tax Reference Number*					Social Security Number (if issued)				
Are You A ICICI BANK UK PLC Account Holder*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	Account Number*					
Are You An Owner Of The Company*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	(Please tick yes if the percentage of ownership is more than 20%)					
<input type="checkbox"/> Immediate Owner	Percentage Of Ownership <input type="text"/> %		<input type="checkbox"/> Ultimate Beneficial Owner		Percentage Of Ownership <input type="text"/> %				
Are You The Director Of The Company/Organisation?*	<input type="checkbox"/> Yes			<input type="checkbox"/> No					

Authorised Signatory 3:

Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name	Last Name
Nationality*		Country Of Residence*		Date Of Birth* DD/MM/YYYY
Place Of Birth*		Position In The Company*		

Address Details

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Length Of Time At Address*	YY	Years	MM Months

Previous Address (if period of address is less than 36 months)

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	

Contact Details

Business Telephone No.*	Country Code	Area Code	Number	Evening Contact No.*	Country Code	Area Code	Number
Evening Contact No.*	Country Code	Area Code	Number	Mobile No.*	Country Code	Area Code	Number
Business E-Mail Address*	Confirm E-Mail Address*						

Identification Details

Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)
Identification Number*		Valid Till*	DD/MM/YYYY
Tax Reference Number*		Social Security Number (if issued)	

Are You A ICICI BANK UK PLC Account Holder*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	Account Number*	
Are You An Owner Of The Company*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	(Please tick yes if the percentage of ownership is more than 20%)	
<input type="checkbox"/> Immediate Owner	Percentage Of Ownership <input type="text"/> %	<input type="checkbox"/> Ultimate Beneficial Owner	Percentage Of Ownership <input type="text"/> %		
Are You The Director Of The Company/Organisation?*	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Section D: Personal Details Of Immediate Owners(s) Holding More Than 20%/Trustees/Governing Body Member(s)

(This section to be filled in only if the immediate owners are different from authorized signatories; for trusts/charities/societies please fill the details of governing body member/trustees ; proprietorship firms are not required to fill this section)

Immediate Owner/Governing Body Member /Trustee 1:

Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name	Last Name
Nationality*		Country Of Residence*		Date Of Birth* DD/MM/YYYY
Place Of Birth*				
Date Of Incorporation (in case of company)*		Country Of Incorporation (in case of company)*		

Address Details

Flat/Building No.*		Flat/Building Name*	
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Street Name*		City*	
Country*		Post Code*	
Length Of Time At Address*	YY	Years	MM
Months			
Previous Address (if period of address is less than 36 months)			
Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Identification Details			
Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)
Identification Number*	Valid Till*		DD/MM/YYYY
Tax Reference Number*	Social Security Number (if issued)		
Are You A ICICI BANK UK PLC Account Holder*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes; Account Number*
Are You An Owner Of The Company*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes; (Please tick yes if the percentage of ownership is more than 20%)
		<input type="checkbox"/> Ultimate Beneficial Owner	Percentage Of Ownership <input type="text"/> %
Are You The Director Of The Company/Organisation?*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Immediate Owner/Governing Body Member /Trustee 2:			
Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name
			Last Name
Nationality*	Country Of Residence*		Date Of Birth* DD/MM/YYYY
Place Of Birth*			
Date Of Incorporation (in case of company)*		Country Of Incorporation (in case of company)*	
Address Details			
Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Length Of Time At Address*	YY	Years	MM
Months			
Previous Address (if period of address is less than 36 months)			
Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Identification Details			
Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)
Identification Number*	Valid Till*		DD/MM/YYYY
Tax Reference Number*	Social Security Number (if issued)		
Are You A ICICI BANK UK PLC Account Holder*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes; Account Number*
Are You An Owner Of The Company*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes; (Please tick yes if the percentage of ownership is more than 20%)
		<input type="checkbox"/> Ultimate Beneficial Owner	Percentage Of Ownership <input type="text"/> %
Are You The Director Of The Company/Organisation?*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Immediate Owner/Governing Body Member /Trustee 3:

Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name	Last Name
Nationality*		Country Of Residence*		Date Of Birth* DD/MM/YYYY
Place Of Birth*				
Date Of Incorporation (in case of company)*	Country Of Incorporation (in case of company)*			

Address Details

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Length Of Time At Address*	YY	Years	MM Months

Previous Address (if period of address is less than 36 months)

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	

Identification Details

Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)
Identification Number*		Valid Till*	DD/MM/YYYY
Tax Reference Number*		Social Security Number (if issued)	

Are You A ICICI BANK UK PLC Account Holder*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	Account Number*	
Are You An Owner Of The Company*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	(Please tick yes if the percentage of ownership is more than 20%)	
	<input type="checkbox"/> Ultimate Beneficial Owner		Percentage Of Ownership	<input type="text"/>	%
Are You The Director Of The Company/Organisation?*	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

Section E: Personal Details Of Ultimate Beneficial Owners(S) More Than 20%/Partners

(This section to be filled in only if the ultimate beneficial owner is different from immediate owner; for trusts/charities/societies this section is mandatory; proprietorship firms are not required to fill this section)

Ultimate Beneficial Owner 1:

Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name	Last Name
Nationality*		Country Of Residence*		Date Of Birth* DD/MM/YYYY
Place Of Birth*				
Date Of Incorporation (in case of company)*	Country Of Incorporation (in case of company)*			

Address Details

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Length Of Time At Address*	YY	Years	MM Months

Previous Address (if period of address is less than 36 months)

Flat/Building No.*		Flat/Building Name*	
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Street Name*		City*	
Country*		Post Code*	
Identification Details			
Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)
Identification Number*	Valid Till*		DD/MM/YYYY
Tax Reference Number*	Social Security Number (if issued)		
Are You A ICICI BANK UK PLC Account Holder* <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes; Account Number*			
Are You The Director Of The Company/Organisation?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ultimate Beneficial Owner 2:			
Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name Last Name
Nationality*	Country Of Residence*		Date Of Birth* DD/MM/YYYY
Place Of Birth*			
Date Of Incorporation (in case of company)*		Country Of Incorporation (in case of company)*	
Address Details			
Flat/Building No.*	Flat/Building Name*		
Street Name*	City*		
Country*	Post Code*		
Length Of Time At Address*	YY	Years	MM Months
Previous Address (If period of address is less than 36 months)			
Flat/Building No.*	Flat/Building Name*		
Street Name*	City*		
Country*	Post Code*		
Identification Details			
Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)
Identification Number*	Valid Till*		DD/MM/YYYY
Tax Reference Number*	Social Security Number (if issued)		
Are You A ICICI BANK UK PLC Account Holder* <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes; Account Number*			
Are You The Director Of The Company/Organisation?* <input type="checkbox"/> Yes <input type="checkbox"/> No			
Ultimate Beneficial Owner 3:			
Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name Last Name
Nationality*	Country Of Residence*		Date Of Birth* DD/MM/YYYY
Place Of Birth*			
Date Of Incorporation (in case of company)*		Country Of Incorporation (in case of company)*	
Address Details			
Flat/Building No.*	Flat/Building Name*		
Street Name*	City*		
Country*	Post Code*		

Length Of Time At Address*	YY	Years	MM	Months
Previous Address (if period of address is less than 36 months)				
Flat/Building No.*	Flat/Building Name*			
Street Name*			City*	
Country*			Post Code*	
Identification Details				
Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)	
Identification Number*			Valid Till*	DD/MM/YYYY
Tax Reference Number*			Social Security Number (if issued)	
Are You A ICICI BANK UK PLC Account Holder*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	Account Number*
Are You The Director Of The Company/Organisation?*	<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Section F: Details Of Any 2 Director(S)

(This section to be filled in by limited companies only if director is different from authorized signatorie(s); immediate owner; ultimate beneficial owner)

Director 1:

Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name	Last Name
Nationality*	Country Of Residence*	Date Of Birth*	DD/MM/YYYY	
Place Of Birth*				
Date Of Incorporation (in case of company)*	Country Of Incorporation (in case of company)*			

Address Details

Flat/Building No.*	Flat/Building Name*			
Street Name*			City*	
Country*			Post Code*	
Length Of Time At Address*	YY	Years	MM	Months
Previous Address (if period of address is less than 36 months)				
Flat/Building No.*	Flat/Building Name*			
Street Name*			City*	
Country*			Post Code*	

Identification Details

Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)	
Identification Number*			Valid Till*	DD/MM/YYYY
Tax Reference Number*			Social Security Number (if issued)	
Are You A ICICI BANK UK PLC Account Holder*	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes;	Account Number*

Director 2:

Name (as per passport)*	Mr./Mrs./Ms./M/S.	First Name	Middle Name	Last Name
Nationality*	Country Of Residence*	Date Of Birth*	DD/MM/YYYY	
Place Of Birth*	Position In The Company*			
Date Of Incorporation (in case of company)*	Country Of Incorporation (in case of company)*			

Address Details

Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	
Length Of Time At Address*	YY	Years	MM Months
Previous Address (If period of address is less than 36 months)			
Flat/Building No.*		Flat/Building Name*	
Street Name*		City*	
Country*		Post Code*	

Identification Details

Type Of Identification*	<input type="checkbox"/> Passport	<input type="checkbox"/> Driving License	<input type="checkbox"/> Others (please specify)
Identification Number*		Valid Till*	DD/MM/YYYY
Tax Reference Number*		Social Security Number(if issued)	
Are You A ICICI BANK UK PLC Account Holder*			
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes; Account Number*

Section G:Channel Registration
Debit Card

Business debit card is issued for GBP account only. Business debit card will Not be issued to any other person other than the authorised signatory. Daily transaction limit £300 for cash withdrawal; £750 for purchases at high street merchants; £750 for online purchases.

Debit Card User Name	Mobile Number	E-Mail Address

E-statement

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly
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Online access

You will be provided with online access to your account with corporate internet banking (CIB) to facilitate local transfers and money transfers to ICICI BANK INDIA and online forex payment platform (OFPP) (which includes booking of cross currency trades and payments) offered by ICICI BANK UK PLC in partnership with western union business solutions (WUBS)* **CIB:** Corporate Internet Banking; **OFPP:** Online Forex Payment Platform

Authorised Signatory Name	Transaction Limit (CIB)	Transaction Limit(OFPP)	User Role
Authorised Signatory 1	From	From	View Only/ Maker/Checker/2FA
	To	To	
Authorised Signatory 2	From	From	View Only/ Maker/Checker/2FA
	To	To	
Authorised Signatory 3	From	From	View Only/ Maker/Checker/2FA
	To	To	

Default transaction limits: (**CIB:** local transfer: from £50,000 to £500,000; GBP-INR to ICICI BANK INDIA: £10,000) ;(**OFPP:** maximum default limit £20,000)

View Only : Transaction Viewing; Maker: Transaction Input; Checker: Transaction Approver; 2FA: 2 Factor Authentication (for single user only)

CIB Users Other Than Authorised Signatory will be issued with view only and maker access only

Details Of CIB User	User 1	User 2
Name		
Nationality		
Date Of Birth		
Address		
Mobile Number		
E-Mail Address		
Confirm E-Mail Address		
Transaction Limit (CIB)		
Transaction Limit (OFPP)		
Details Of CIB User	User 1	User 2
User Access		
Signature Of The User(S)		

*For More Details Please Visit This Link <http://www.icicibank.co.uk/personal/faqs/terms-and-conditions.page?>

Section H:Tax Residency Details

For Sole Traders/Proprietorship Concerns

We are required to collect details of your tax residency/citizenship under legislation for the automatic exchange of financial account information.

Are you a resident of tax in uk? If yes; please fill details in below table	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a citizen of US? If yes; please fill w9 form and enter details in below table	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a resident for tax in any other country? If yes; please fill details in below table	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Country Of Tax Residency	Tax Identification Number (TIN)	Reason For Not Providing TIN (Enter Reason A,B,C)	If Reason B Is Selected, Please Explain Why You Are Unable To Obtain A TIN

* The taxpayer identification number (TIN) is the unique identifier assigned to you by the tax administration in the jurisdiction of tax residence. It is a unique combination of letters and/or numbers used to identify an individual or entity for the purposes of administering the tax laws of that jurisdiction. It includes:

- Social security number;
- Social insurance number;
- Citizen or personal identification code or number; or
- Resident registration number.

Reasons for Not providing TIN (enter reason a, b or c)

Reason A:The country where the account holder is tax resident does Not issue TINs to its residents
Reason B:The account holder is otherwise unable to obtain a TIN or equivalent number (please explain why you are unable to obtain a TIN in the table below if you have selected this reason)

Reason C: No TIN is required. (Note. Only select this reason if the authorities of the country of tax residence entered)

For Partnership/Limited Companies/Trusts/Charities/Others

Tax regulationsⁱ require the collection of certain information about each account holder's tax residency status. Please complete, where applicable, the relevant sections below and provide any additional information as may be required. In certain circumstances there may be a requirement to share this information with the tax authorities. If you have any questions about how to complete this form, please contact your tax advisor or local tax authority. (to find the guidelines to fill this form can be found by visiting this link: <http://www.icicibank.co.uk/personal/document-library.page?#busb>)

If your organisation is resident in the united statesⁱⁱ or has multiple residencies, including the united states, in addition to the form, you should provide a completed, signed and dated IRS form W-9.

Tax residency (refer part-II of instructions)

A) I hereby certify that the entity or organisation identified above is incorporated and taxable in the us (specified us person), please complete as appropriate:

Yes No

If "Yes" you should provide a completed, signed and dated IRS form W-9 and please proceed to part iv and complete the declaration and signature section.

B) I hereby certify that the entity or organisation is a resident of: _____ for tax purposes;

And

C) The entity or organisation's tax identification number (TIN) or functional equivalent in its country of residence for tax purposes is: _____

Or

D) The entity or organisation's country of residence for tax purposes does Not issue TINs or a functional equivalent to its residents or the entity or organisation is otherwise unable to procure TIN or a functional from its country of residence (please tick box if relevant).

And

If the entity or organisation is tax resident in more than one jurisdiction please complete the following section as appropriate for the additional jurisdictions.

country: _____ TIN: _____ or TIN unavailable

country: _____ TIN: _____ or TIN unavailable

Entity certification (refer part-III of instructions)

Section A – for a financial institution (FI) to complete If your organisation is a FI, please complete a) or b) below as appropriate:

(a) Participating FFI or registered deemed compliant (including reporting model 1 FFI)

Please provide your organisation's global intermediary identification number (GIIN):

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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If you do not have a GIIN but you are sponsored by another entity which does, please

Provide your sponsor's GIIN above and state your sponsor's name: _____

(b) If unable to provide a GIIN, please tick the reason why your organisation does not have a GIIN:

i) It is an exempt beneficial owner (i.e. An intersocial organisation):

ii) It is a certified deemed compliant financial institution (i.e. Registered charity):

iii) It is an owner documented foreign financial institution with specified us owners:

iv) It is a Non-Participating foreign financial institution:

v) Participating financial institution in Non-IGA jurisdiction:

vi) Other (please state): _____

For a Non-financial institution (NFI) to complete (if your organisation is a resident of the UK crown dependencies or Gibraltar, then please see Note 1, below):

If your organisation is Not a FI, please confirm your organisation's status below:

Active NFFE Passive NFFE Direct Reporting NFFE

Note 1: If our classification differs under the UK crown dependencies/Gibraltar intergovernmental agreements please Note the alternative classification below:

UK-CD/Gibraltar classification: _____

If you are a direct reporting NFFE please provide your GIIN of the GIIN of your sponsoring entity and the name of the sponsoring entity:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please tick this box to confirm that the sponsoring entity has agreed with the entity identified above

(That is Not a Non-Participating FFI) to act as the sponsoring entity for this entity:

For Passive NFFEs

For Passive NFFEs, please complete for each controlling person the table below (please continue on a separate sheet if necessary, signing, dating and attaching the sheet to this form).

Controlling persons are defined as natural persons who exercise control over the entity or the shareholders of the entity based on local anti-money laundering (AML) requirements.

In the case of a trust this means:

- The settlor;
- The trustees;
- The protector (if any);
- The beneficiaries or class of beneficiaries; and
- Any other natural person exercising ultimate effective control over the trust.

In the case of a legal arrangement other than a trust, it means persons in equivalent or similar positions.

If the controlling person(s) are us citizens then they should additionally completed and provide to us a w9 form.

Name	Address	Tax residence(s) (list all)	TIN(s) (provide all)	Place of birth (city/town & country) and date of birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Declaration and signature

1. I authorise the recipient to provide, directly or indirectly, to any relevant tax authorities or any party authorised to audit or conduct a similar control of the recipient for tax purposes, a copy of this form and to disclose to such tax authorities or such party any additional information that the recipient may have in its possession that is relevant to the entity's qualification for any benefits claimed on the basis of this declaration. I acknowledge and agree that information contained in this form and information regarding income paid or credited for the benefit of relevantⁱⁱⁱ accounts may be reported to the tax authorities of the country in which such income arises and that those tax authorities may provide the information in the country in which the entity is resident for tax purposes.
2. I authorise the recipient to provide, directly or indirectly, a copy of this form and information relating to relevant accounts, as required by law, to: (i) any person that has control, receipt, or custody of income to which this form relates; (ii) any person that can disburse or make payments of income to which this form relates; or (iii) any party authorised to audit or conduct a similar control of aforementioned persons for tax purposes.
3. I certify that the entity named is the beneficial owner of all the income to which this form relates.
4. I understand that the bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with the tax regulations. The bank is not able to offer any tax advice on the regulations or its impact on the applicant. I should seek advice from a tax advisor for any tax questions.
5. I undertake to notify the recipient of any change in circumstances that causes any certification on this form to become incorrect and to provide a suitably updated form within 30 days of such change.

I certify that i have the capacity to sign for the entity. I declare that i have examined the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete.

Authorised signature _____ Print name and address _____
Company seal (if applicable) _____ Date (DD/MM/YYYY) _____

ⁱ The term 'tax regulations' refers to regulations created to enable automatic exchange of information and include the Foreign Account Tax Compliance Act (FATCA), various agreements to improve intersocial tax compliance entered into between the UK, the Crown Dependencies and the Overseas Territories, and the OECD Common Reporting Standard for Automatic Exchange of Information, as implemented in the relevant jurisdictions.

ⁱⁱ The definitions of these terms may be found in paragraphs §1.1471 – 1, §1.1471 – 5, §1.1471 – 6, §1.1472 – 1 and §1.1473 – 1 of the United States Internal Revenue Code. If the country in which your organisation is resident has signed an Intergovernmental Agreement (IGA) with the United States or with other relevant countries, please refer to the equivalent definitions in the relevant IGA and or the enabling legislation applicable to that country's IGA.

ⁱⁱⁱ Relevant accounts are any accounts opened with ICICI BANK UK PLC held by the entity or organisation Noted above.

Section I: Declarations

If I/we have opted for Corporate Internet Banking, Debit Card services then I/we then declare that I/we have read, understood and agree to the terms and conditions applicable to Corporate Internet Banking in relation to the operation of my/our Account as available on the website www.icicibank.co.UK, and that I/we will adhere to all of the applicable terms and conditions.

I/We declare, confirm and agree:

- a) That all the particulars and information given in this application form (and all documents referred to or provided herewith) are true, correct, complete, and up-to-date in all respects and I/we have Not withheld any information. I/We understand that certain particulars given by me/us are required for regulatory reasons. I/We to provide any further information that ICICI BANK UK PLC or its group companies may require; and
- b) That I/we have had No insolvency proceedings initiated against me/us, Nor have I/we ever been adjudicated insolvent. I/We have No County Court Judgments registered against me/us; and
- c) that I/we am/are Not blacklisted under Disqualified Director Register or adjudicated/convicted in any criminal proceedings Under any criminal law.

I/We agree, undertake and authorize ICICI BANK UK PLC and/or its group companies to exchange, share or part with all the information, data or documents relating to my/our application to other ICICI Group companies or credit reference agencies.

Marketing Consent:

We would like to use your personal details in this Account Application from time to time to send you marketing information to inform you about ICICI Bank UK PLC products and services which may be of interest to you. By opting in to the following methods of communication, you confirm that we may contact you for these purposes in one or more of the following ways:

- By post By e-mail By social media By text By telephone
- No marketing by any of the above

You can, at any time, update the above preferences to request that we do not contact you by one, some or all channels, you can do this by visiting our UK branches Please note: We DO NOT share your details with any third parties who may try to sell their products or services to you. Please also see our privacy notice for more information in relation to how we collect and use personal information, <http://www.icicibank.co.uk/personal/privacy-notice.page?>

Section J: Authorisation

1. I/We consent to:

- A. having read the list of important details/features of the product along with the Corporate Banking/Business Banking Terms and Conditions. I/We have referred to the terms and conditions on the bank's website link <http://www.icicibank.co.UK/legal.html>/inquired with the Bank's relationship manager and acquired a copy of the same.
 - b. my/our account is governed by the Corporate Banking/Business Banking terms and conditions and such other terms and conditions as specified by the Bank from time to time; and
 - c. advising you promptly of changes, if any, in the mode of operation of the account, address and/or names of authorized signatories, etc. for the account and such other changes along with appropriate board resolution if required.
2. I/we confirm the receipt of information sheet and exclusion sheet. I/we also confirm that I/We have read the contents of these sheets.
3. I/We understand that on No occasion will our account be permitted by the Bank to go into overdraft. The Bank reserves the exclusive right in its sole discretion to offer, limit or discontinue the overdraft facility.
3. The information provided in this application is correct to the best of my/our knowledge and belief. If false or inaccurate information is provided and fraud is identified, details will be passed to regulatory authorities, including fraud prevention agencies to prevent fraud and money laundering.

Further details explaining how the information held by fraud prevention agencies may be used, can be obtained by writing to our Corporate Service team at UKcorporate@iciciBank.com. You can also refer to our account terms and conditions for further details.

4. I/We may choose NOT to be included in the Bank's Customer Mail Information Programme by ticking this box.
5. I/We authorize the Bank to obtain information about our ownership structure or identity, credit history and other banking history from one or more credit reporting/rating agency, other banks or any other source. I/We understand that this information will be used in conjunction with the request to open or modify the terms of a deposit account being submitted by me/us for which I/we will be authorized signatory (ies). I/We further understand if information in the credit report results in a decision to either disallow my/our signing authority on the account or disallow opening the account, the Bank will communicate these facts to me/us.
6. The information may also be used for financial statistical analysis (for example, credit scoring/rating). I/We also understand that No information will be disclosed outside the ICICI BANK UK PLC unless for fraud prevention purposes as required by law, and/or regulatory obligations and unless I/We am/are in default under an agreement, in which case the Bank may disclose the fact to licensed credit agencies/other banks/building societies.

Name of the Authorised Signatory	Name of the Authorised Signatory

Section K: Specimen Signature

Name of the Authorised Signatory 1	Name of the Authorised Signatory 2

Name of the Authorised Signatory 3	Name of the Authorised Signatory 4

Mode Of Operation	<input type="checkbox"/> Singly	<input type="checkbox"/> Jointly	<input type="checkbox"/> As Per Mandate/Resolution
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Section L: Mandates/Resolution (to be filled in as per the Constitution Type)

Letter of Proprietorship and Letter of Undertaking

I _____, hereby declare that I am conducting business in the name _____, and I am the Sole Proprietor/Self Employed of the said firm.

I request ICICI BANK UK PLC (hereinafter referred to as "the Bank") to open an account in the above name. The Bank is hereby authorized to use this application form to open any new account as and when required by me, until and unless I specifically opt to provide a new application form. I hereby declare that the above information is true and correct to the best of my knowledge. I understand that the account will be opened on the basis of the information provided by me.

I _____, (Sole Proprietor of the firm), am authorized to convey to the Bank acceptance on behalf of the firm of the terms and conditions contained in the application form and on the website www.icicibank.co.UK, and agree to such changes and modifications in the said terms and conditions as may be suggested by the Bank, Nominate, substitute, revoke and vary mandate etc. from time to time and to execute such deeds, documents and other writings as may be necessary if required for this purpose.

I have read and understood the terms and conditions and are hereby approved and accepted and I am hereby authorized to accept such modifications therein as may be suggested by the Bank.

I hereby agree, and request to the Bank that any cheque or such other instrument made payable to me or in the name of the above firm may be deposited in the said account.

I agree that the Bank be, and is hereby authorized to accept all valid online instructions through the 'Corporate Internet Banking' service singly from me in respect of firms account(s). The firm agrees to hold the Bank harmless, and their interest protected on account of it executing such instructions in the manner provided by me.

I agree to comply with the Bank's rules in regard to conduct of the accounts. I understand that the information I have given may be used to offer other services from the Bank. In this connection, contact may be made to me personally, or by direct marketing means.

I _____, (Sole Proprietor of the firm), am authorized to operate on behalf of the firm through 'Corporate Internet Banking' service on the firm's accounts including by causing a debit balance in company's account(s) with the Bank, and/or continually operate the account(s) even when overdrawn, as per the access specifications authorized in the Corporate Internet Banking form.

I resolve to provide to the Bank in writing any changes in personal details or circumstances that may change from time to time.

Signature In Individual Capacity & As Sole Proprietor/Self Employed

Date ___/___/___

Partnership Mandate Letter

To

ICICI BANK UK PLC,

We the undersigned, (insert names of all partners) _____ being all partners in the firm of _____ (the "Firm"), here by request ICICI BANK UK PLC ("the Bank") to open Current Account/Fixed Deposit Account(s)/Bank Accounts in the name of the Firm on the basis of the above information.

We hereby declare that the above information is true and correct to the best of our knowledge.

We authorize officials namely, _____, _____ and _____ be and hereby singly/jointly authorized to open and operate the Partnership's account(s) with the Bank. The authorized officials are also authorized to operate on behalf of the Firm through 'Corporate Internet Banking' service on the Firm's account(s).

We hereby authorize the Bank to open any new account in the above names as and when the authorized person(s) request for the same and in which case all the terms and conditions contained in application form and Corporate Banking/Business Banking terms and conditions should apply.

We hereby authorize the Bank, until the Bank receives from the authorized person(s) a Notice in writing to the contrary, to treat and consider the authorized officials as empowered to act on behalf of our said partnership in all transactions with the Bank, and to instruct the Bank with regard to any account or banking transactions of the partnership, and in particular without prejudice to the generality of the foregoing.

The Bank is hereby authorized and requested to open account(s) in the name of the Firm and:-

- To honor and comply with all cheques, drafts, bills of exchange, promissory Notes, acceptances, negotiable instruments and orders expressed to be drawn, accepted, made or given by any one of us in the name of the Firm at any time or times, whether our banking account is overdrawn or any overdraft is increased by any payment thereof, or in relation thereto, or is in credit, or otherwise but without prejudice to your right to refuse to allow any overdraft or increase of overdraft and for any balance on the said account which may become due to the Bank at any time we agree to be jointly and severally liable.
- To honour and comply with all instructions to deliver or dispose of any securities or documents or property held by the Bank on our behalf to hold us liable on all agreements and indemnities in connection with the issue of letters of credit, drafts and telegraphic transfers and with all banking transactions. Provided any such cheques, drafts, bills of exchange, promissory Notes, acceptances, negotiable instruments, orders, instructions, agreements and indemnities are signed by any one of us in the name of the Firm.
- To treat all cheques, drafts, bill of exchange, promissory Notes, acceptances, negotiable instruments and orders as being endorsed on our behalf and to discount or otherwise deal with them provided such endorsements purport to be signed by any one of us in the name of the Firm.
- To honour all instructions in connection with our account(s) given by any one of the authorized officials in person or online through the Bank's Corporate Internet Banking service and in particular, but without limiting the generality of the foregoing, all instructions relating to instruments and securities and the charging, pledging, disposal and withdrawal thereof are in order if given by any one of us in the name of the Firm.

The Firm agrees to provide to the Bank in writing any changes in details or circumstances that may change from time to time.

We have read and understood the terms and conditions and are hereby approved and accepted and the partners be and are hereby severally/jointly authorized to accept such modifications therein as may be suggested by the Bank.

The Firm shall, as and when necessary, supply to the Bank a list of the current Partners and, if applicable, other officials authorized to sign with specimen signatures.

We certify that the signatures set down within Section I of this account opening form are those of all the Partners and of any other officers of the Firm authorized to sign, that such signatures are the genuine signatures of such persons and that such signatures operate as the specimen signatures of each of such persons. Further, the authorized partner(s) or any other person authorized by partners be and are hereby authorized to receive the login ID and passwords, as may be sent by the Bank, for using services on Corporate Internet Banking and are authorized severally to convey to the Bank acceptance on behalf of the Firm of any transactions as well as to enter into transactions on behalf of the Firm on Corporate Internet Banking.

Yours faithfully,

PARTNER 1: Signature Name (In Capitals): _____

PARTNER 2: Signature Name (In Capitals): _____

PARTNER 3: Signature Name (In Capitals): _____

Date ___/___/___

Board Resolution Format For Companies

To

ICICI BANK UK PLC,

We hereby certify that a resolution of the Board of Directors of _____ ('Company'), was passed at a meeting of the Board duly convened and held on the _____ and has been duly recorded in the minutes book of the said Company.

It was resolved that:

1. ICICI BANK UK PLC ('the Bank') be appointed the Bankers of the Company, regarding the Company's account(s).
2. The following authorized officials namely, _____, _____ and _____ be and hereby singly/jointly authorized to open and operate the Company's account(s) with the Bank.
3. The Bank is hereby authorized and requested to open Bank Account(s) in the name of the Company and:-
 - To honour and comply with all cheques, drafts, bills of exchange, promissory Notes, acceptances, negotiable instruments and orders expressed to be drawn, accepted, made or given on behalf of this Company at any time or times whether the banking account or accounts of this company are overdrawn or any overdraft is increased by any payment thereof, or in relation thereto, or are in credit or otherwise but without prejudice to the Bank's right to refuse to allow any overdraft or increase of overdraft.
 - To honour and comply with all instructions to deliver, or dispose of any securities or documents or property held by the Bank on behalf of the company; to hold the company liable on all agreements and indemnities in connection with the issue of letter of credit, drafts, and telegraphic transfers and with all banking transactions. Provided any such cheques, drafts, bills of exchange, promissory Notes, acceptances, negotiable instruments and orders, instructions, agreements and indemnities are signed by the persons holding the under mentioned offices for the time being.
 - To treat all Cheques, Drafts, Bills of Exchange, Promissory Notes, Acceptances, Negotiable instruments and orders as being endorsed on behalf of the company and to discount or otherwise deal with them provided such endorsements purport to be signed by any of the Company's authorized official mentioned above.
4. The Company may avail the "Corporate Internet Banking" service for the account(s) opened with the Bank.
5. The above authorized officials are also authorized to operate Company's account(s) on behalf of the Company through "Corporate Internet Banking" service of the Bank.
6. The Bank be and are hereby authorized to accept all valid instructions through the "Corporate Internet Banking" service singly/jointly by anyone/two/all of the above authorized officials in respect of Company's account(s). The Company does agree to hold the Bank harmless and their interest protected on account of it executing such instructions by the above authorized officials in the manner provided.
7. The aforesaid terms and conditions be and are hereby approved and accepted, and the authorized officials be and are hereby severally authorized to accept such modifications therein as may be suggested by the Bank.

8. To cancel all existing mandates (if any) in force at the date hereof with regard to the Company's existing account(s), which mandates are hereby terminated, provided that all authorities, instructions, instruments and transactions authenticated in accordance with any existing mandate and purporting to have been given, made, issued or entered into prior to receipt by ICICI BANK UK PLC of Notice of this resolution shall have effect as between the company and ICICI BANK UK PLC as though this resolution had never been passed.

9. The foregoing mandate and list of names remain in force until receipt by the Bank of a duly certified copy of resolution rescinding or amending the same.

10. The Bank to be supplied with:

- A copy of the Company's Memorandum & Articles of Association certified as being true, complete and up to date;
- The Company's Certificate of Incorporation (to be copied and duly returned);
- If the Company is a Public Company, the Company's Certificate to commence business; and
- Copies of any resolutions concerning the foregoing, which may be passed from time to time.

11. The Company agrees that any indebtedness or liability incurred by the Bank under this authority shall in the absence of any express written agreement by the Bank to the contrary be due and payable on demand.

12. The Bank be and is by this resolution authorized to provide the Company's auditors, from the time being and from time to time with such information as the Company's auditors may request from time to time, until Notice in writing to the contrary is received by the Bank.

13. The Company agrees to provide to the Bank in writing any changes in details or circumstances that may change from time to time.

14. The Company Secretary shall, as and when necessary, supply to the Bank a list of the current directors and, if applicable, other officials authorized to sign with specimen signatures and the Bank may act on such lists signed by the Secretary.

15. The Company hereby confirms that None of the directors are or have been disqualified under the Company Directors Disqualification Act 1986, or any similar overseas legislation covering the disqualification of directors or other officers of the company.

16. These resolutions be communicated to the Bank and shall constitute the Company's Mandate to the Bank and remain in force until an amended resolution can be passed by the Board of Directors and a copy thereof, certified by the Chairman and the Secretary or by any Director or the Secretary acting or purporting to act on behalf of the Company shall have been received by the Bank.

17. In this resolution the expressions `Directors' and 'Secretary' shall be construed as Director(s) and Secretary for the time being of the Company and shall in the case of Director(s), include alternate Director(s) and in the case of Secretary shall include any Joint Secretary, Assistant Secretary or Temporary Secretary.

18. We certify that the signatures set down within Section I of this account opening form are those of all the Directors, the Secretary and of any other officers of the Company authorized to sign, that such signatures are the genuine signatures of such persons and that such signatures operate as the specimen signatures of each of such persons.

Yours faithfully,

CHAIRMAN Signature Name (in capitals): _____

SECRETARY Signature Name (in capitals): _____

Date: ___/___/___

Board Resolution for Trusts/Charity

To
ICICI Bank UK PLC

We hereby certify that a resolution of the(herein after referred to as Firm) of were passed at aResolved that:

ICICI Bank UK Ltd (`the Bank') be appointed the Bankers of the Firm, Regarding the Club/Society/ Charity/ Trust account(s) the bank and hereby authorized and requested to open Bank Accounts in the above name immediately or as and when required in a future date and

To honor and comply with all Cheques, Drafts, Bills of Exchange, Promissory notes, Acceptances, Negotiable instruments and orders expressed to be drawn accepted made or given on behalf of this Firm at any time or times whether the banking account or accounts of this Firm are overdrawn or any overdraft is or increase of overdraft.

To honor and comply with all instructions to deliver or dispose of any securities or documents or property held by the bank on behalf of the Firm; to hold the firm liable on all agreements and indemnities in connection with the issue of letter of credit, drafts, and telegraphic transfers and with all banking transactions.

Provided any such Cheques, Drafts, Bills of Exchange, Promissory notes, Acceptances, Negotiable instruments and orders instructions agreements and

indemnities are signed by the persons holding the under mentioned offices for the time being

To treat all Cheques, Drafts, Bills of Exchange, Promissory notes, Acceptances, Negotiable instruments and orders as being endorsed on behalf of the Firm and to discount or otherwise deal with them provided such endorsements purport to be signed by

To cancel all existing mandates (if any) in force at the date hereof with regard to the Firm's said Account(s) which mandates are hereby terminated.

Provided that all authorities, instructions, instruments and transactions authenticated in accordance with any existing mandate and purporting to have been as though this resolution had never been passed. A list of the names and specimen signatures of the persons at present authorized to sign under this resolution be furnished to the Bank. The foregoing mandate and list of names remain in force until receipt by the Bank of a duly certified copy of resolution rescinding or amending the same.

The Bank be supplied with:

A copy of the Firms Rules and Regulations certified as being true, complete and up to date;

The Firms Certificate of Registration (wherever applicable)(to be copied and duly returned);

The Copies of any resolutions concerning the foregoing, which may be passed from time to time;

The copy of Financial Statements if any;

The Firm agrees that any indebtedness or liability incurred by the Firm under this authority shall in the absence of any express written agreement by the Bank to the contrary be due and payable on demand.

The Bank be and is by this resolution authorize to provide the Firm's auditors from the time being and from time to time with such information as the Firm's auditors may request from time to time until notice in writing to the contrary is received by the Bank. The Firm agrees to provide to the Bank in writing any changes in details or circumstances that may change from time to time.

The Secretary/Trustee shall, as and when necessary, supply to the Bank a list of the current Governing body members and, if applicable, other officials authorized to sign with specimen signatures and the Bank may on such lists signed by the Secretary/Trustee. These resolutions be communicated to the Bank and shall constitute the Firm's Mandate to the Bank and remain in force until an amended resolution can be passed by the Governing Body/Managing Committee and a copy thereof, certified by the Secretary /Trustee or the Secretary /Trustee acting or purporting to act on behalf of the Firm shall have been In this resolution the expressions and `Secretary' `Trustee' shall be construed as Secretary/Trustee for the time being of the Firm and shall, in the case of Secretary shall include any Joint Secretary, Assistant Secretary or Temporary Secretary.

We certify that the signatures set down within Section B of this account opening form are those of all the Governing Body/Managing Committee and of any other Officers of the Firm authorized to sign, that such signatures are the genuine signatures of such persons and that such signatures operate as the specimen signatures of each of such persons.

Yours faithfully,

CHAIRMAN Signature

Name (In Capitals)

SECRETARY Signature

Name (In Capitals)

ICICI BANK UK PLC Telecommunications Authorisation

I/we authorize ICICI BANK UK PLC (the Bank) to accept and act upon instructions given through telephone, fax or email by me/us or any person authorized by me/us subject to the following, which I understand and acknowledge:

- There are inherent risks in sending instructions by telephone, fax and email.
- Any email instructions must be sent from the registered email address held by the Bank. • When instructions are given to the Bank by telephone, fax or email, the Bank will verify my/our identity by a telephone call to a number the Bank holds on record for me /us. During this call the Bank will ask questions based on information known to the Bank about me/us and the transactions on my/our account. On confirmation of this information the Bank will act on my/our instructions including payment of money from my/our account. If I/we am/are unable to answer these questions correctly, the Bank may Not act on our instructions.
- If the Bank is unable to contact me/us to verify the instructions, the Bank may Not act on our instructions and any payments requested may be delayed or Not made.
- This telecommunications authorization will be applicable for any future accounts that I /we may open with the Bank.
- I/We understand that in addition to the above terms, this service is also governed by the Business Banking Terms and Conditions.

NAME OF THE COMPANY/ORGANISATION:

ADDRESS OF THE COMPANY/ORGANISATION:

NAME OF THE AUTHORISED SIGNATORY 1:

SIGNATURE _____ DATE:

_____ NAME OF THE AUTHORISED SIGNATORY 2:

SIGNATURE _____ DATE: _____

For Bank Use Only

• Status Code

 COR BR CB

• Constitution Code

 C

• Risk Category Code

• Branch Code (In which the account needs to be opened)

• Branch Name (In which the account needs to be opened)

• RM Name

• RM Code

• RM Signature & Date

• BM/BOM/SRM Name

• BM/BOM/SRM Employee Number

• BM/BOM/SRM Signature & Date

• Industry Code

• UCC Code

Additional Information (for internal use)

Corporate Current Account - Summary of Information

Key Product Features

- Insta online transfers
- 24X7 online banking
- Free cheque book
- Free monthly statements

Key Facts

1. What will you have to pay us for our Corporate Current Account services?

There are charges for certain services/facilities provided for day to day running of the account. We recommend that you go through the Rates and Charges before making a choice.

2. Who regulates us?

ICICI BANK UK PLC is authorized by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Registration No. 223268). ICICI BANK UK PLC (Company No. 04663024) has its registered office at One Thomas More Square, London E1W 1YN.

3. What you should do if you have a complaint?

If you want to make a complaint, please contact us promptly at:

Customer Relations

ICICI BANK UK PLC

2nd Floor, One Thomas More Square

London E1W 1YN

Or

Email us at UKcustomerrelations@icicibank.com

We will then arrange for a member of the complaints team to investigate and respond to you accordingly.

4. Are we covered by the Financial Services Compensation Scheme?

ICICI BANK UK PLC is authorized by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Prudential Regulation Authority (Registration No. 223268). ICICI BANK UK PLC is covered by the Financial Services Compensation Scheme (FSCS). The FSCS can pay compensation to depositors if a bank is unable to meet its financial obligations. Most depositors - including most individuals and small businesses - are covered by the scheme.

In respect of deposits, an eligible depositor is entitled to claim up to £85,000. For joint accounts each account holder is treated as having a claim in respect of their share, so for a joint account held by two eligible depositors, the maximum amount that could be claimed would be £85,000 each (making a total of £170,000). The £85,000 limit relates to the **combined** amount in all the eligible depositor's accounts with the bank including their share of any joint account, and Not to each separate account.

For further information about the compensation provided by the FSCS (including the amounts covered and eligibility to claim) please ask at your local branch, refer to the FSCS website, www.fscs.org.uk or call the FSCS on 0800 678 1100 or 020 7741 4100. Please Note **only** compensation-related queries should be directed to the FSCS.

Before applying, please read the following documents carefully:

- Rates and Charges
- Corporate Banking/Business Banking Terms and Conditions (as applicable)

These are our standard terms and conditions upon which we intend to rely for our products and services. For your own benefit and protection, you should read these terms and conditions carefully. If you do Not understand any terms and conditions, please ask us for further information.

Withdrawal Arrangement • No Notice period required for withdrawal below £2000

- For withdrawals greater than £2000, one day advance Notice will be required at the concerned branch
- No restrictions on the number of withdrawals
- Refer Rates & Charges for charges

Standing Charges Refer Business Customers Rates & Charges

Minimum Balance Refer Business Customers Rates & Charges

Access Branch, Internet Banking

Other Charges As per the Rates and Charges



To learn more, contact us at:

uk.business@icicibank.com

www.icicibank.co.uk

Visit our branches at:

92 - 94 Soho Road, Handsworth, **Birmingham** B21 9DP

291, High Street North, Manor Park, **East Ham** E12 6SL

1 Thomas More Square; E1W 1YN (by appointments only. Please call customer care for appointment.)

25/31 Cheetham Hill Road, **Manchester** M4 4FY

45 South Road, **Southall**, Middlesex UB1 1SW

47 Ealing Road, **Wembley** HA0 4BA

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