

Customer Relationship Form (For individual, Non-individual and TASC customer)

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FIELDS WITH★(STAR) ARE MANDATORY

Customer ID

Account
Number

Please fill in all the details in CAPITAL LETTERS and use BLACK INK only. Please TICK (✓) appropriate option only

★ TYPE OF ACCOUNT

☐ CURRENT ACCOUNT ☐ EXCHANGE EARNER'S FOREIGN CURRENCY ACCOUNT (EEFC) ☐ SPECIAL SAVING ACCOUNT ☐ OTHERS: _____

★ IKIT / NON-KIT

☐ IKIT ☐ NON-KIT

PRODUCT DETAILS@

★ Product Name : _____

☐ MAB ☐ QTP ☐ Others _____ Value : _____

Branch : _____ Branch Code: _____

Signature of Applicant

I/We have received, read and accepted
the applicable schedule of charges

APPLICANT DETAILS

★ Account Title //Name ::
(Maximum 40 characters)★ Date of
Incorporation /
Date of Birth: D D M M Y Y Y Y Existing
A/c. No. (if any) :Joint Applicant :
(Only if Primary Applicant is Individual)

Importer / Exporter Code Number (if any) :

COMMUNICATION ADDRESS

★ Particulars :

L A N D M A R K

City :

C I T Y State :

★ PIN P I N

Telephone : S T D -

★ Mobile :

Fax :

E-mail ID :

REGISTERED ADDRESS (For Entities) / RESIDENCE ADDRESS (For Proprietor/Individual)

Same as communication address. Yes ☐ No ☐ (If no, fill in the details below.)

★ Particulars :

L A N D M A R K

City :

C I T Y State :

★ PIN P I N

Telephone : S T D -

★ Mobile :

CKYC
Number:

E-mail ID:

Corporate Identification Number (CIN) :

★ PAN OF APPLICANT:

☐ FORM 49A☐ FORM 60 / 61
(Please fill Annexure)

★ CONSTITUTION

☐ Individual ☐ Sole Proprietor ☐ HUF ☐ Partnership ☐ Public Ltd. ☐ Private Ltd. ☐ Section 8/25
☐ Statutory/Government Body ☐ Govt Scheme ☐ Defense ☐ Rural Local Body/Urban Local Body
☐ Trust ☐ Association ☐ Society ☐ Club ☐ Co-Op Bank/ RFIG ☐ Others: _____^Only for Trust/Asso./Soc./Clubs/Sec. 25 Co. (Please select one of the options) ☐ NGO ☐ FOUNDATION

★ To be filled in for Exchange Earner's Foreign Currency Account (EEFC account)

STATUS ☐ Unit in SEZ ☐ Unit in STP ☐ Unit in EHTP ☐ 100% EOU ☐ Unit in DTA for supply to SEZ ☐ Unit in EPZ
☐ Individual Professional ☐ Ordinary Resident ☐ Status Holder ☐ Others _____CURRENCY ☐ USD ☐ EURO ☐ GBP ☐ JPY ☐ OTHERS : _____For other Currencies,
Check with Bank Official"MSE Code is a voluntary Code, reflecting the bank's positive commitment to its Micro Small Enterprise (MSE) customers. This code is not
only a charter of Rights of the MSE but also enshrines his obligations via-a-vis his bank. For more details please visit www.icicibank.com"

@ MAB - Monthly Average Balance, QTP- Quarterly Throughput

Ⓜ Please fill in additional personal details in case of individual on Page no. 5

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*** PROFILE OF AUTHORISED# SIGNATORY(IES) TO ACCESS AND OPERATE THE ACCOUNT (Please sign in Black Ink only)**

(Please use another Annexure if the number of authorised signatories are more than 4)

Photograph	Signature	Authorised Signatory - I-KIT issued	Debit * Card Access (Please refer to the Annexure)	Internet & Mobile Banking (Please refer to the Annexure)	Corporate Phone Banking (Please refer to the Annexure)
Paste a recent passport size photograph here (35 mm x 35 mm)	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> T	<input type="checkbox"/> E <input type="checkbox"/> T
	Mr./Mrs./Ms./Dr. Designation	Email ID <input type="text"/>			
Paste a recent passport size photograph here (35 mm x 35 mm)	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> T	<input type="checkbox"/> E <input type="checkbox"/> T
	Mr./Mrs./Ms./Dr. Designation	Email ID <input type="text"/>			
Paste a recent passport size photograph here (35 mm x 35 mm)	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> T	<input type="checkbox"/> E <input type="checkbox"/> T
	Mr./Mrs./Ms./Dr. Designation	Email ID <input type="text"/>			
Paste a recent passport size photograph here (35 mm x 35 mm)	Signature	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> V <input type="checkbox"/> T	<input type="checkbox"/> E <input type="checkbox"/> T
	Mr./Mrs./Ms./Dr. Designation	Email ID <input type="text"/>			

☐ **Singly/Severally** ☐ **Jointly** ☐ **As per Board Resolution** ☐ **Others** (Please Specify)

PLEASE SPECIFY THE MODE OF OPERATION
Please provide Board Resolution/ Partnership Letter /Proprietorship Letter as applicable.

*** PROFILE INFORMATION OF APPLICANT (Please capture Joint Applicant's Profile in separate AOF)**

1 Education (For Individual / Sole Proprietor Applicants Only)	<input type="checkbox"/> Under Graduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Post Graduate	<input type="checkbox"/> Professional
2 Occupation	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Salaried	<input type="checkbox"/> Retired/Housewife	<input type="checkbox"/> Student
3 Type of Profession - (If Self employed and if Professional)	<input type="checkbox"/> Doctor	<input type="checkbox"/> CA/CS	<input type="checkbox"/> Lawyer	<input type="checkbox"/> Architect <input type="checkbox"/> Consultant <input type="checkbox"/> Engineer
4 Nature of Business - (If Self employed and if in Business)	<input type="checkbox"/> Services	<input type="checkbox"/> Trading	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Agriculture Related <input type="checkbox"/> Retailing
	<input type="checkbox"/> Multi-Level Marketing	<input type="checkbox"/> Stock Broker	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Non Profit Organization
5 Number of Years in Business	<input type="checkbox"/> < 1 year	<input type="checkbox"/> 1 to < 3 Years	<input type="checkbox"/> 3 to < 5 Years	<input type="checkbox"/> 5 to < 10 Years <input type="checkbox"/> ≥ 10 Years
6 Gross Annual Income (in ₹)	<input type="checkbox"/> < 40 Lac	<input type="checkbox"/> 10 Lac to < 25 Lac	<input type="checkbox"/> 25 Lac to < 1 Cr	<input type="checkbox"/> 1 Cr to < 10 Cr <input type="checkbox"/> ≥ 10 Cr
7 Annual Sales Turnover (in ₹)	<input type="checkbox"/> < 40 Lac	<input type="checkbox"/> 40 Lac to < 5 Cr	<input type="checkbox"/> 5 Cr to < 25 Cr	<input type="checkbox"/> 25 Cr to < 100 Cr <input type="checkbox"/> ≥ 100 Cr
8 Type of Industry	Please Specify			CODE : (To be filled in by Bank Official)
9 Expected Value of Transaction in a Month in Rupees (Required only for transactional accounts and not for time deposit accounts like fixed deposits)				
a. Total Cash Deposit (in ₹)	<input type="checkbox"/> < 1 Lac	<input type="checkbox"/> 1 Lac to < 10 Lac	<input type="checkbox"/> 10 Lac to < 25 Lac	<input type="checkbox"/> 25 Lac to < 1 Cr <input type="checkbox"/> ≥ 1 Cr
b. Percentage of Total Cash Deposits	in Base Location (%)		In Non Base Location (%)	
c. Total Cash Withdrawals (in ₹)	<input type="checkbox"/> < 1 Lac	<input type="checkbox"/> 1 Lac to < 10 Lac	<input type="checkbox"/> 10 Lac to < 25 Lac	<input type="checkbox"/> 25 Lac to < 1 Cr <input type="checkbox"/> ≥ 1 Cr
d. Percentage of Total Cash Withdrawals	in Base Location (%)		In Non Base Location (%)	
e. Total Non Cash Deposits in the A/c. (in ₹)	<input type="checkbox"/> < 1 Lac	<input type="checkbox"/> 1 Lac to < 10 Lac	<input type="checkbox"/> 10 Lac to < 25 Lac	<input type="checkbox"/> 25 Lac to < 1 Cr <input type="checkbox"/> ≥ 1 Cr
f. Total Non Cash Withdrawals in the A/c. (in ₹)	<input type="checkbox"/> < 1 Lac	<input type="checkbox"/> 1 Lac to < 10 Lac	<input type="checkbox"/> 10 Lac to < 25 Lac	<input type="checkbox"/> 25 Lac to < 1 Cr <input type="checkbox"/> ≥ 1 Cr
g. Foreign Inward Remittances (in ₹)	<input type="checkbox"/> NA	<input type="checkbox"/> < 10 Lac	<input type="checkbox"/> 10 Lac to < 25 Lac	<input type="checkbox"/> 25 Lac to < 1 Cr <input type="checkbox"/> ≥ 1 Cr
h. Foreign Outward Remittances (in ₹)	<input type="checkbox"/> NA	<input type="checkbox"/> < 10 Lac	<input type="checkbox"/> 10 Lac to < 25 Lac	<input type="checkbox"/> 25 Lac to < 1 Cr <input type="checkbox"/> ≥ 1 Cr
10 Source of Funds	<input type="checkbox"/> Business Income	<input type="checkbox"/> Donations/Grants	<input type="checkbox"/> Others (Please Specify)	

#All signatories authorized to access the accounts require to submit their recent photographs and identity proof.

* Only Inquiry Card is applicable for Government and Institutional Customers

THIS IS A MACHINE READABLE FORM. Avoid OVERWRITING while filling in the form.

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Customer Relationship Form

(For Individual, Non-individual and TASC customer)

*DECLARATION

I/We have read, understood and hereby agree to the terms stated in this Application Form as well as the Terms and Conditions governing the Current Account / EEFC account / Special Saving account and the various facilities/services such as mobile banking, corporate internet banking, corporate care, debit cum ATM card and such other services available under ICICI Bank current account / EEFC account / Special Saving account and as displayed on www.icicibank.com and agree to abide by the same. I/We understand that the said terms are subject to revision from time to time and I/we agree to keep ourselves updated of such changes and be bound by the terms as are in force from time to time.

I/We confirm that the authorised signatories as approved by me/our Board/all the partners of the firm/all members of the HUF / Managing Committee, are authorised to operate the account. I/We agree and understand that ICICI Bank Ltd/ Affiliates reserve the right to reject any application without providing any reason. I/We agree and understand that ICICI Bank Ltd. reserves the right to retain the Application, and the documents provided therewith, including photographs, and will not return the same to me/us.

I/We further agree that any false/misleading information given by me/us, or suppression of any material fact will render my/our account liable for closure and further action.

I/We also hereby agree to indemnify ICICI Bank and their successors or assignees if any of the representations and declarations made hereunder by me/us is incorrect, false or misleading in any of its particulars.

I/We declare, confirm, agree:

a) that all the particulars and information given in the Application form (and all documents referred or provided therewith) are true, correct, complete and upto date in all respects and I/we have not withheld any information. I/We agree and undertake to provide any further information that ICICI Bank Ltd./its Affiliates may require, b) that I/we have had no insolvency initiated against me/us nor have I/we ever been adjudicated insolvent, c) that I/we have not at any time defaulted under any loan taken by me/us from any other bank/institution, or been in non-compliance of the applicable rules/regulations/guidelines in force from time to time, as framed by the Reserve Bank of India, d) that I/we have read and agree to the charges applicable to Current account/EEFC account/Special Saving account and all other facilities to be availed by me/us and hereby agree to bear the charges as revised from time to time by ICICI Bank at its sole discretion.

I/We have read and understood the facilities available under ICICI Bank Current Account / EEFC account / Special Saving account as listed on the ICICI Bank Website. I/We have also gone through the schedule of charges and understand that to be eligible for the concessions, I/we have to maintain the minimum Monthly average balance (MAB) or the Quarterly through put (QTP), as the case may be, as indicated in the Schedule of Charges and agreed upon by me/us on a Monthly/ Quarterly basis and in the event I/we fail to do so, I/we shall be liable to pay a fee every Month/Quarter as indicated in the schedule of charges.

I/We also understand that continuation of the account is at ICICI Bank's sole discretion and in case ICICI Bank is dissatisfied with the conduct of the account, ICICI Bank has the right to close the account after giving me/us 15 days notice or withdraw the concessions in all or any service charges granted to me/us and/or charge ICICI Bank's applicable rates for services availed by me/us.

I/We hereby declare that in case of being professional(s)* by occupation, the said account will be used exclusively for our own transactions and not on behalf of my / our clients. *(not applicable for regulated and supervised individuals and entities)

I/We hereby further confirm having read and understood the applicable rules/regulations/instruction/guidelines as framed by the Reserve Bank of India, including the FEMA regulations 2000 governing EEFC Accounts, and the Foreign Exchange Management Act, 1999, in force from time to time and agree to abide by and to be bound by all such applicable Law, rules, regulations and guidelines in force from time to time.

I/We hereby authorize ICICI Bank to exchange, share or part with all the information/data provided herein including personal and business information with financial institutions/credit bureaus/agencies/ statutory bodies/other such persons, in order to facilitate the Bank to comply with its obligations under various applicable laws, regulations, and standards. I/ We shall not hold ICICI Bank Ltd. or its agents/representatives liable for using/sharing information provided herein for the said purpose.

I/We shall keep ICICI bank informed at all times, regarding any changes/alteration in my/our communication address and authorize the Bank to update any such change/alteration in my/our communication address that the Bank may be informed of by me and/or is brought to the notice of the Bank and hereby authorize ICICI bank to contact me / us on such changed/altered address. I/ We shall be solely responsible to ensure that ICICI bank has been informed of the correct address for communication. I/We agree to indemnify ICICI bank against any fraud or any loss of damaged suffered by ICICI Bank due to my/our providing of any incorrect communication address and/or failure on my/our part to communicate the change/alteration in my/our communication address.

☐ I/We declare that I/we are not listed on any Stock Exchange. ☐ I/We declare that I/we are listed on the following Stock Exchange(s) :

Name of Stock Exchange

City

Date of Listing

☐ I/We declare that I/we do not have any accounts with ICICI bank in my/same entity's name.

☐ I/We declare that I/we have applied for the current accounts with ICICI Bank in my/same entity's name with the following AOF numbers.

☐ I/We declare that I/we already hold the following current accounts with ICICI Bank in my/same entity's name with the following account numbers.

Account Numbers / AOF Numbers (use separate sheet for having more than 5 accounts / applied for more than 5 accounts with AOF numbers)

I/We hereby authorize ICICI Bank to exchange, share or part with all the information/data provided herein including personal and business information with ICICI group companies / other institutions /such other persons as may be necessary / required for the purpose of, including but not limited to, marketing, cross selling of various products and services etc, to me/us, use or process the aforesaid information / data by such persons/s, or furnishing of the processed information/ data/ products thereof to other Banks/ Institutions / other persons as may be necessary, and I/ we shall not hold ICICI Bank liable in connection with the use of such information or otherwise.* ☐ Yes ☐ No

The Applicant/s has/ have no objection to ICICI Bank Limited, its group companies, agents/ representatives to provide me / us information on various products, offers and services provided by ICICI Bank/ its group companies / other entities through any mode (including without limitation through telephone calls / SMS / E-mail) and authorize ICICI Bank / its group companies / its agents / its representatives for the above purpose.* ☐ Yes ☐ No

I hereby declare that I authorise ICICI Bank to download/fetch my CKYCR record for the purpose of processing of current account application and/or updating the CKYCR record reference number in Bank's record or any other related purposes.

Do you wish to avail CIB & Mobile Banking Access? * ☐ Yes ☐ No

Date :

For _____

Authorised Signatory
(Rubber stamp of company required)

FOR ICICI BANK USE ONLY - KYC - ADDENDUM - TO BE FILLED IN BY THE BANK OFFICIAL

Name & Signature of Bank Official who have met the authorised signatory in person at his/her office/others _____ and confirming that he/she has verified the copies of the documents (as applicable) against original as produced by the applicant and in whose presence form has been signed by authorised signatory. (Please stamp the photograph with the ICICI Bank stamp.)

Name _____

Employee ID _____ Date _____ Signature _____

Constitution Code* _____ Sector Code* _____ Sub Sector Code* _____

Industry Type* _____ Occupation Type* _____ Customer Type* _____

Company Rating ☐ ICICI Bank Rating ☐ KYC Report enclosed ☐ Exempted from TDS ☐ Nomination form enclosed ☐

To be filled in by Bank Official

Lead Generator Code :

Lead Updator Code :

Lead Fulfiller Code :

Mapped SM :

Acquisition Channel Code :

SFA Code :

If the customer has ticked "yes" for Anywhere Cash Deposit Facility to be activated on page 3, please justify with reason for activation

Verified by: Bank Official's Name: _____

Employee's ID: Mobile : _____ Signature _____

*Code numbers to be viewed from the Intranet (address : Business Groups>WBG>Support Group>General Banking Group>GBO>Current account>list of codes) and appropriate codes to be written.

Customer Relationship Form (For Individual, Non-individual and TASC customer)

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Please affix acknowledgement for WELCOME KIT received from Account Holder.	Bar Code Number : _____
	*Customer ID <div></div>
	*Account Number <div></div>
	(To be filled in by a Bank Official)

* ⑦ PERSONAL DETAILS (To be filled in by applicant whose constitution type is Individual)

Account Name:	FIRST	MIDDLE	LAST
Father's Name:			
Mother's Maiden Name:			
Nationality, If other than Indian			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG
Marital Status:	<input type="checkbox"/> Single <input type="checkbox"/> Married	UID	
Identity Proof			Expiry date (Wherever applicable) D D M M Y Y Y Y
Address Proof			

* OWNERSHIP AND CONTROL STRUCTURE INFORMATION SHEET

Account Title / Name :			
1. Name (Mr./Mrs./Ms./Dr.)* (Applicable for Joint Account holders, Authorised Signatories, Partners, Directors, Trustees, Grantors, Settlers and Beneficiaries of Trusts)			
F I R S T M I D D L E			
L A S T			
Date of Birth :	D D M M Y Y Y Y	*Nationality :	
Type of Identity Proof:			
Identity Proof Number			
Residential Address			
L A N D M A R K			
C I T Y			
State:		City:	
		*PIN	P I N
*Designation:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> TG
Customer ID			*Relationship <input type="checkbox"/> Signatory <input type="checkbox"/> Beneficial Owner <input type="checkbox"/> SMO

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THIS IS A MACHINE READABLE FORM. Avoid OVERWRITING while filling in the form.

2. Name (Mr./Mrs./Ms./Dr.)*
 (Applicable for Joint Account holders,
 Authorised Signatories, Partners, Directors,
 Trustees, Grantors, Settlers and Beneficiaries of
 Trusts)

F	I	R	S	T							M	I	D	D	L	E
									L	A	S	T				

Date of Birth :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 *Nationality :

--	--	--	--	--	--	--	--

Type of Identity Proof:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identity Proof Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Address

L	A	N	D	M	A	R	K									

City:

C	I	T	Y													
---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--

State:

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*Designation:

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Gender:
 ☐ Male
 ☐ Female
 ☐ TG

Customer ID

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*Relationship

☐ Signatory
 ☐ Beneficial Owner
 ☐ SMO

3. Name (Mr./Mrs./Ms./Dr.)^{*}

(Applicable for Joint Account holders, Authorised Signatories, Partners, Directors, Trustees, Grantors, Settlers and Beneficiaries of Trusts)

F I R S T

M I D D L E

Date of Birth :

D D M M Y Y Y Y

^{*}Nationality :

Type of Identity Proof:

Identity Proof Number

Residential Address

L A N D M A R K

C I T Y

State:

City:

^{*}Designation:

Gender:

☐ Male
 ☐ Female
 ☐ TG

Customer ID

^{*}Relationship

☐ Signatory
 ☐ Beneficial Owner
 ☐ SMO

4. Name (Mr./Mrs./Ms./Dr.)^{*}
 (Applicable for Joint Account holders,
 Authorised Signatories, Partners, Directors,
 Trustees, Grantors, Settlers and Beneficiaries of
 Trusts)

F	I	R	S	T							M	I	D	D	L	E
								L	A	S	T					

Date of Birth :

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 *Nationality :

--	--	--	--	--	--	--	--

Type of Identity Proof:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identity Proof Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Residential Address

L	A	N	D	M	A	R	K									
C	I	T	Y													

City:

State:

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PIN

P	I	N														
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*Designation:

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Gender:
 ☐ Male
 ☐ Female
 ☐ TG

Customer ID

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*Relationship

☐ Signatory
 ☐ Beneficial Owner
 ☐ SMO

For ICICI Bank use only : Name & Signature of Bank Official

Name _____

Employee ID _____ Date _____

Signature _____

Annexure

To be filled in by those who do not have either PAN/GIR

FORM NO.60 <input type="checkbox"/>	FORM NO.61 <input type="checkbox"/>
<p>[See second proviso to Rule 114B] Declaration for a person who does not have a permanent account number and who enters into any transaction specified in rule 114B</p> <p>1. Full name and address of the declarant _____</p> <p>2. Particulars of the transaction _____</p> <p>3. Amount of the transaction _____</p> <p>4. Are you assessed for tax ? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. If yes, (i) Details of Ward/Circle/Range where the last return of income was filed _____</p> <p>(ii) Reasons for not having permanent account number: _____</p> <p>6. Details of the document to be produced as proof of address in column (1) _____</p> <p>Date : _____</p> <p>Place: _____ X _____</p> <p>Signature of the declarant</p>	<p>[See proviso to clause (a) of Rule 114C(1)] Declaration for a person who has agricultural income, and is not in receipt of any other income chargeable to income-tax in respect of the transaction specified in rule 114B</p> <p>1. Full name and address of the declarant _____</p> <p>2. Particulars of the transaction _____</p> <p>3. Details of the document to be produced as proof of address in column (1) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>I hereby declare that my source of income is from agriculture and I am not required to pay income-tax on any other income, if any.</p> <p>Date : _____</p> <p>Place: _____ X _____</p> <p>Signature of the declarant</p>

VERIFICATION

I, _____, do hereby declare that what is stated above is true to the best of my knowledge and belief. Verified today, the _____ day of _____, _____

Date: _____ Place: _____

Introductions:

Documents which can be produced in support of the address are:-

- a. Ration Card b. Passport c. Driving licence d. Identity Card issued by any institution e. Copy of the electricity bill or telephone bill showing residential address. f. Any document or communication issued by any authority of the Central Government, State Government or local bodies showing residential address g. Any other documentary evidence in support of his address given in the declaration.

Signature of the declarant

NOTE - Please fill in form 60 / 61 separately for Joint Applicant(s).

IMPORTANT NOTES

Notes for a Customer applying only for opening Fixed Deposit

For a customer applying only for Fixed Deposit, channel services like Debit Card, Corporate Internet Banking and Corporate Phone Banking would be made available upon opening of Current or Special Saving accounts with ICICI Bank.

Notes for Non-authorized Signatories to avail Channel Services Access

Non-authorized Signatories who want Channel Services Access must fill in the Channel Registration Form and submit it with supporting documents as an annexure.

Notes for Corporate Internet Banking

- **View Access:** View access option on Corporate Internet Banking includes Account related information and all other access option introduced from time to time as may be decided by the bank.
- **Transaction Access:** Transaction access option on Corporate Internet Banking includes Opening of FD, Request for Cheque book and Stop payment. Own Account Transfer, Bill Payment, Inter Bank Fund Transfer (e.g. Fund Transfer to non ICICI Bank Account Holder through RTGS, and NEFT), Bulk Upload - Transfer to any ICICI Bank accounts (e.g. Salary Upload), Bulk upload Debiting externally linked accounts. Bulk upload - Crediting externally linked accounts. Own to External Account (e.g. Vendor Payment), External to Own Account (e.g. Dealer Collection)
- Only view access on Corporate Internet Banking will be given to the authorised signatory receiving I-kit
- If a customer avails of transaction access other than or additional to General Banking then by default the user will receive Business Banking Inquiry card if not applied for Debit Card separately.
- For CIB, the workflow rules would be common for all transaction types. If the limits are not specified the default limit would be ₹ 5 lacs per transaction or as per limit specified by ICICI Bank from time to time.
- Access will be given to every user who has applied for Corporate Internet Banking - Transaction Access.
- Account linking for Corporate Internet Banking

The Bank while opening an account, opens it under a customer ID. The client agrees that the account number specified or such account number that would get allotted pursuant to the request for opening the account, shall be used to identify the client's customer ID and the account linking for corporate Internet Banking would be carried out on the basis of such a customer ID. In the event, at any point in time, a customer ID has accounts other than the above referred accounts linked to it, then the user shall be provided access to all such accounts and the client hereby agrees to such access.

Notes for Alerts on Mobile /E-mail

- A customer can avail only one type of alert (either Mobile or E-mail). If both options are filled in, then the Mobile Alert will be given by default.
- Please refer to the Schedule of Charges as the Mobile Alert is a Chargeable Service.

Notes for RTGS E-Mail Alert

- Request letter require to avail RTGS E-Mail alert service.

Notes for Statement via E-mail (free) / Fax (Chargeable)

- Please refer to the Schedule of Charges as Statements via fax is a Chargeable Service.
- The maximum number of E-mail IDs and Fax Numbers that can be registered is five.
- Linked FD details will be included in the E-mail statements only once a Month and shall be sent to the given E-mail ID.

Notes for Corporate Phone Banking

- View Access: Account Information, Linking an FD and Hot listing of Debit Cum ATM Card
- Transaction Access: Opening of FD (creation of Maximum of up to ₹ 15 lakh per transaction). Stop Payment, Request for Cheque book, Fund transfer instruction in IVR.
- Only Inquiry access on Corporate Phone Banking will be given to the authorised signatory receiving I-Kit.

Important Notes

- Escrow, Bullion, Interest, Dividend, Settlement and EEFC accounts cannot be given transaction access on Channel Services.
- TASC and HUF customer cannot avail of Transaction access and Debit Card access on Phone Banking.
- Cash Credit cannot avail transaction access on Phone Banking.
- Debit card cannot be issued to accounts that have OD facility.
- If any of the authorized signatory has not opted for a Debit Card, then a Business Banking Inquiry card would be issued. This card can be used to access Corporate Phone Banking and ATM for Inquiry purposes and to authenticate certain transactions on Corporate Internet Banking.

Branch SOL ID :

Date :

Customer Name :

Contact Number :

Bar Code

Please select the appropriate block and fill in the details as required

Application No. :

Products :

		Information	Customer Response
Assets :	<input type="checkbox"/> Commercial Vehicles (SCV, LCV, M & HCV)	Do you already own a commercial vehicle ? What is your loan requirement? When are you planning to purchase commercial vehicle ?	<input type="checkbox"/> Zero Vehicle <input type="checkbox"/> One Vehicles <input type="checkbox"/> 2 to 5 Vehicles <input type="checkbox"/> 6 to 9 Vehicles <input type="checkbox"/> > 9 vehicles <input type="checkbox"/> < 5 Lacs <input type="checkbox"/> 5 to 10 Lacs <input type="checkbox"/> > 10 Lacs <input type="checkbox"/> < 3 Months <input type="checkbox"/> 3 to < 6 Months <input type="checkbox"/> 6 to < 9 Months <input type="checkbox"/> 9 to 12 Months
Business Banking :	<input type="checkbox"/> Business Loan	Do you have an existing limits with any bank ? What is the Loan Amount you are looking for ? Do you plan to shift your limits from the existing banker with better proposition ?	Bank Name _____ Amount : Rs. _____ <input type="checkbox"/> < 25 Lacs <input type="checkbox"/> 25 Lacs to < 1 Crore <input type="checkbox"/> 1 to 5 Crore <input type="checkbox"/> > 5 Crore <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Trade	Do you import/ export? Which Bank do you use for routing import/ export business transactions? What is the annual import/ export volume that you route?	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> ICICI Bank <input type="checkbox"/> Others (Pl. specify) _____ <input type="checkbox"/> 1 Lac USD p.a. <input type="checkbox"/> < 3 Lac USD p.a. <input type="checkbox"/> > 3 Lac USD p.a.
Insurance :	<input type="checkbox"/> Life Insurance	Do you have an existing life cover for you and your family ? Have you planned and made investments for your financial goals like building wealth, securing child's education or planning your retirement ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> General Insurance	Do you have any health insurance cover for you and your family ? Is there any medical exigency cover provided by your employer? If yes, Up to what sum insured:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No Rs. _____
Deposits :	<input type="checkbox"/> Current Account	Who is your existing Banker What is your annual turn over Average number of transactions in a month	_____ <input type="checkbox"/> < 50 Lacs <input type="checkbox"/> 50 Lacs to < 5 Crore <input type="checkbox"/> 5 Crore to 10 Crore <input type="checkbox"/> > 10 Crore _____
	<input type="checkbox"/> Term Deposits	Have you invested in fixed deposit/recurring deposit with any other bank Which product you are interested in ? What amount you would like to invest ?	<input type="checkbox"/> Yes <input type="checkbox"/> NO <input type="checkbox"/> Fixed Deposit <input type="checkbox"/> Recurring Deposit Rs. _____

Customer Declaration

I would like get the additional information on the products selected. I/We would like to get information on the products selected above. ICICI Bank or its group companies may provide the information by phone, sms, email or such other means as they may deem fit. I/We understand that in order to avail any of the above products I/we shall be required to complete the required documentation.

Signature

To be filled by Sales Officer (All details including PIN Code must be filled)

I have explained the customer about above products. He/she is ☐ interested/ ☐ not interested

Name :

Original Product Sourced :

Employee Number : Signature :

PIN Code :

DMA Name :

CHECKLIST FOR CURRENT ACCOUNT

Customer Name : _____ **Branch Name** : _____
Barcode : _____ **Sol ID** : _____
Account Number : _____ **Series - CA 01**
(Applicable for I-Kit a/c only)

Customer Relationship Form (For individual, Non-individual and TASC customer)

Checklist for Current Account		BI/CI	Branch	Not Applicable Field
A	Completion of Form, Documents & Infopool			
1	AOF entered in Infopool and SFA ID mentioned	BI		
2	AOF filled in Capital Letters with Black Ink	BI		
3	All STAR fields are filled along with status code clearly mentioned on the form	BI		
4	No white ink / blade has been used for alteration.	BI		
5	Signature of customer to be checked on all relevant places, alterations authenticated	CI		
6	Verified with original done with date on all documents attached	BI		
7	Date of submission of Form and documentation provided (I-Kit Date) should be prior to AOF Date	BI		
8	Profile information of applicant on Page 2 is completely filled	BI		
9	Recent color photograph (not more than 6 months old) of authorized signatories affixed	CI		
10	Filled MID Slip attached along with customer signature; with all details mentioned matching with AOF	BI		
11	NOC from lending bank if customer is enjoying credit limit with other bank	CI		
12	Compliance due diligence report after checking customer details from I-VIEW	BI		
13	SM/SE interview sheet completely filled & signed by SE and confirmed by BM/BSM or JO , Signature should be same as I-View	BI		
B	Know Your Customer (KYC)			
1	KYC Certification is done by bank official	BI		
2	PAN No is mentioned else Form 49A / 60 attached for Non Individuals	BI		
3	Signatures on AOF matches with signature on cheque	CI		
4	Variation in Name certified as per Annexure 7	BI		
C	ID & Address Proof			
1	Duly verified ID proof taken as per latest KYC circular for all authorised signatories	CI		
2	Duly verified Address Proof taken as per latest KYC circular - Table C	CI		
3	ID and address proof of POA holder is required if account is operated by POA	CI		
4	Address details mentioned on AOF matches with details on address proof	CI		
5	Signature on ID & address proof differs with that on AOF - Annexure 8 is attached	BI		
D	Sole Proprietorship Cases			
1	Two Entity Proof - duly verified to be taken as per latest KYC circular	CI		
2	Sole proprietorship letter signed by the customer under individual capacity(Sole proprietorship)	CI		
3	Linkage proof needed if proprietor name not mentioned on Table A document	CI		
E	Partnership Account			
1	ID and Address proof of all partners need to be collected (Voter ID and DL can be used)	CI		
2	Copy of Deed should be self attested by all partners on last page and atleast 1 partner on all pages	CI		
3	Partnership letter should be signed by all partners on last page and atleast 1 partner on all pages	CI		
F	LLP Account			
1	LLP Agreement Attached	CI		
2	LLP Registration Certificate attached	CI		
3	List of Designated partners attached	CI		
4	Copy of Deed attested by all designated partners	CI		
5	LLP letter should be signed by designated partners (by all partners, if LLP deed does give power to designated partners to open a/c) on last page and atleast 1 partner on all pages as per latest KYC circular	CI		
G	Company Account (PRIVATE & PUBLIC LTD)			
1	Name of company exactly match with all Docs, AOF, Stamp , letterhead, COI, MOA & AOA	CI		
2	Communication & Registered address proof in the name of company required as per KYC circular	CI		
3	Latest List of Directors and Shareholders list as per banks format . (Annexure 14(List of directors and authorized signatories) and annexure 20 (Share holding percentage) signed by the directors of the company	CI		
4	Proof of appointment of directors to be collected if director is added as per latest list compared to first list of directors on AOA	CI		
5	COI,MOA & AOA should be attested by a director as true & updated.	CI		
6	BR is in Bank's Format and is signed by 2 Directors or CS	BI		
7	If BR is more than 6 months old, CS confirmation required.	CI		
8	Approval attached as BR is not as per standard format and / or not signed by 2 directors or CS	BI		
9	KYC REPORT (Annx 6) & RH approval to be taken if PAN is applied for	BI		
H	Important Notes			
1	All details like DVAT, Sales Tax , Service TAX , PAN Details , Company details matches with respective sites.	BI		
2	Documents if in vernacular language duly certified by the JO/O/SM/BM with vernacular stamp.	BI		

I confirm, that I have checked the account opening form and the KYC documents and the form will NOT get REJECTED for any of the above mentioned reasons

_____ BM Name, Signature & Stamp	_____ Emp ID :	_____ Date :
If Rejected		
_____ TL Name, Signature & Stamp	_____ Emp ID :	_____ Date :