



SuperSaver Bond Account Opening Form (for existing current account holders)

Name of the account holder(s)

Customer Identification Number (CIF Number) (if existing)

Existing Current Account Number (if existing)

I/We request ICICI Bank UK PLC ("The Bank") to open a SuperSaver Bond Account for a sum of £ _____, for a period of _____, with the following frequency of interest payment:

Monthly Quarterly Annually

Payment Instructions

Cheque

If cheque, details: Amount £ _____ Cheque Number

Cheque Drawn On: Date on the Cheque: Amount: £ _____

Debit

Debit my/our ICICI BANK current account number _____ with the sum of £ _____

Closure Instructions

The account balance will be transferred to your linked account upon maturity.

Eligibility

- i. You should have a linked Current Account with ICICI Bank UK PLC
- ii. You should be at least 18 years old
- iii. You should submit a valid proof of identity and address and undergo successful checks as per ICICI Bank UK PLC's policies viz. Anti-Money Laundering Policy

I / we confirm that I / we have received, read and understood the:

- SuperSaver Bond Summary of Information
- Personal Banking Terms and Conditions
- UK Bank Account Rates and Charges

Signature of individual applicant _____

Signature of all applicants _____

Date _____

Date _____