

Funds from family members Others (Pls specify) _

PICICI Bank NRI Services	Customer ID No.:						
	NRE Account No.						
	NRO Account No.						
EMPLOYEE ID :		Status Code : Employer ID :		810- 00	000000	.)1	
Branch :		Branch Code :					
Please ensure that you fill in all fields	marked with *. These		 Iterations in the form nee	eds full sig	gnature	of app	olican
1. PRIMARY APPLICANT PERSONA	L DETAILS						
First Applicant: Mr. Ms. Dr.							
same asim assport			*Date of Birth:				
Father's Name:		*Mother's Maiden Nar	me:				
SSN/UID No. :		*Marital Status: Sin	gle Married	*Ge	nder :	vi / F	/ 🔳
Date of becoming Non-Resident		*Are you a PEP# or re	elated to one? Yes	No			
Email ID: C A P I T A L							
I confirm having checked my Email addressport No.:	ess and understand that all o	email alerts (one time password etc.) w *Nationality :	vill be sent on above mentioned	Email Addre	ISS.		
Date of Issue: D D M M Y Y	Y Y *Place of Is	sue:	*Expiry Date:	D D			
Type of Visa: Single entry visa per	rmitting employment	Student Visa	Single entry visa	Residenc	e permi	it	
Employment Visa # Refer to Section 1 of Part B for Def		hers (PER)	PAN				
2. CURRENT OVERSEAS RESIDENT							
	ding Level /Floor	OF IO MANDATORTY					
House No.: Build	ang Level/Hool		Street No.:				
Street Name :		lan					
street Name.		Locality:	dmark:				
City							
City:		*State:					
Tel: Country co de - Ar ea co		Zip Code:					
		Tel Tel					
Mobile: Country co de - N u r	nber and understand that SM	Tel (Office) : Country co de -					
3. PERMANENT ADDRESS (PROOF							
t is mandatory to provide your peri	manent address, hov	vever if it is same as current	overseas address in sec	ction 2, p	lease ti	ck her	е
House No.: Build	ding Level /Floor						
Premise Name:			Street No.	:			
1011100 11011101			dmark:				
		lan	umark.				
		Locality:					
Street Name :							
Street Name :		Locality:					
*City: *Country:		Locality:					
*City: *Country: *Tel: Country co de — Ar ea co		*State: Zip Code:					
City: Country: Tel: Country co de - Ar ea co		*State: Zip Code: Tel (Office): Country co de —					
*City: *Country: *Tel: Country co de — Ar ea country co de — N u r *I confirm having checked my Mobile Num *Communication to be sent to Cu	ırrent Overseas Addr	*State: Zip Code: Tel (Office): Country co de - AS alerts (if any) will be sent on above ress Permanent Address (Ar ea co de – N u mentioned Mobile Number Default is current addre	m b	e r	cked)	
*City: *Country: *Tel: Country co de — Ar ea country co de — N u r *Communication to be sent to — Cuplease note that all communication including	urrent Overseas Addr g your cheque book, ATM/	*State: Zip Code: Zip Code: AS alerts (if any) will be sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on a sent of the sent on a s	Ar ea co de - N u mentioned Mobile Number Default is current addre counts statement will be sen	t to the con	nmunicati	ion add	ress.
Country: Country: Country co de — Ar ea country co de — N u recommunication to be sent to Cuplease note that all communication including 4. YOUR OCCUPATION AND ACCOUNTS	urrent Overseas Addr g your cheque book, ATM/	*State: Zip Code: Zip Code: AS alerts (if any) will be sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and according to the sent on a sent of the sent on a s	Ar ea co de - N u mentioned Mobile Number Default is current addre counts statement will be sen	t to the con	nmunicati	ion add	ress.
Country: Country: Country co de — Ar ea country co de — N u recommunication to be sent to Cuplease note that all communication including 4. YOUR OCCUPATION AND ACCOUNTS	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAI	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Debit Card, ATM PIN Mailer and action ADATORY) (For minor / house)	Ar ea co de - N umentioned Mobile Number Default is current addrecounts statement will be sen	t to the con	nmunicati / husba	ion addi and)	
Country: Country: Country: Country co de — Ar ea country co de — N u resultation including december of the total communication including december of the total control of the total country	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAR roprietorship Partner	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and active Company (For minor / house reship Pvt Ltd Public Ltd	Ar ea co de - N umentioned Mobile Number Default is current addrecounts statement will be sen	t to the con	nmunicati / husba	ion addi and)	
City: Country: Country co de — Ar ea country co de — N u respective de la communication to be sent to Culease note that all communication including 4. YOUR OCCUPATION AND ACCOUNTRY COUNTRY COUNTR	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAR roprietorship Partner	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (/Debit Card, ATM PIN Mailer and ac NDATORY) (For minor / housership Pvt Ltd Public Ltd ss	Ar ea co de - N umentioned Mobile Number Default is current addrecounts statement will be sen ewife provide details of Public Sector Govern	t to the con	nmunicati / husba Multinat	ion addi and)	
City: Country: Country co de — Ar ea country co de — N u rescription de la communication to be sent to Culease note that all communication including 4. YOUR OCCUPATION AND ACCOUNTRY COUNTRY COUNT	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAR roprietorship Partner ness, nature of Busines	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Debit Card, ATM PIN Mailer and active Company (For minor / house) Post Permanent Address (Debit Card, ATM PIN Mailer and active Company (For minor / house) *State: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Debit Card, ATM PIN Mailer and active Company (For minor / house) **State: Zip Code: **State: Zip Code: **Page 1.1.** **Page 1.1.* **Page 1.1.** **Page 1.1.* **	Ar ea co de - N umentioned Mobile Number Default is current addrecounts statement will be sen ewife provide details of Public Sector Govern	t to the con	nmunicati / husba Multinat	and) tional	
Country: Country: Country: Country co de — Ar ea country co de — N u result confirm having checked my Mobile Num Communication to be sent to Cuplease note that all communication including 4. YOUR OCCUPATION AND ACCOUNTION Occupation: a) If Salaried, employed with Prob) If Self Employed, and If in Busin Manufacturing Trading	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAR roprietorship Partner ness, nature of Busines Services R	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Debit Card, ATM PIN Mailer and active Company (For minor / house) Post Permanent Address (Debit Card, ATM PIN Mailer and active Company (For minor / house) *State: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Debit Card, ATM PIN Mailer and active Company (For minor / house) **State: Zip Code: **State: Zip Code: **Page 1.1.** **Page 1.1.* **Page 1.1.** **Page 1.1.* **	Ar ea co de - N u mentioned Mobile Number Default is current addre counts statement will be sen ewife provide details of Public Sector Govern Stock Broker	guardian nment	nmunicati / husba Multinat	and) tional	
Country: Country: Country co de — Ar ea country co de — N u respective de la country countr	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAR roprietorship Partner ness, nature of Busines Services Ron Lawyer A	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and action and Address (Poebit Card, ATM PIN Mailer and Address (Poebit Card, A	Ar ea co de - N u mentioned Mobile Number Default is current addre counts statement will be sen ewife provide details of Public Sector Govern Stock Broker	guardian nment	nmunicati / husba Multinat	and) tional	
Country: Country: Country co de — Ar ea country co de — N u resultation including december of the country co de — N u resultation including december of the country co de — N u resultation including december of the country co de — N u resultation including december of the country co de — N u resultation including december of the country co	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAR roprietorship Partner ness, nature of Busines Services Ron Lawyer A	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Debit Card, ATM PIN Mailer and ac NDATORY) (For minor / house reship Pvt Ltd Public Ltd Seatailing Agriculture Architect Consultant	Ar es co de - N u mentioned Mobile Number Default is current addre counts statement will be sen ewife provide details of Public Sector Govern Stock Broker R Engineer Others	guardian nment	nmunicati / husba Multinat	and) tional	
*City: *Country: *Tel: Country co de — Ar ea country co de — N u resultation including to the country co de — N u resultation including to the country co de — N u resultation including to the country co de — N u resultation including to the country co de — N u resultation including to the country co de — N u resultation including to the country co de — N u resultation including to the country co de — N u resultation including to the country countr	urrent Overseas Addr g your cheque book, ATM, UNT ACTIVITY* (MAR roprietorship Partner ness, nature of Busines Services R on Lawyer A Retired St Graduate	*State: Zip Code: Zip Code: Salerts (if any) will be sent on above ress Permanent Address (Poebit Card, ATM PIN Mailer and act NDATORY) (For minor / house reship Pvt Ltd Public Ltd ssaletailing Agriculture Architect Consultant cudent Post Graduate Profession	Ar es co de	guardian nment eal Estate	nmunicati / husba Multinat Pe O	and) tional	Oth

5. MODE OF ACCOUNT OPER	RATION
Singly Either or Survivo	or Jointly Any
6. PRODUCT VARIANT	
NRI REGULAR NRI PI	RO NRI PREMIA WITH INSURANCE NRI PREMIA WITHOUT INSURANCE
7. TYPE OF ACCOUNT	
Preferred city for opening acco	ount: Preferred branch for opening account:
ICICI Bank reserves the right to	open an account at any branch in India at its discretion in case the above fields are not completed.
Please open the following Acc	count/s under the CUSTOMER ID created as per the above information
NRE Saving Account Amount of initial deposit	■ NRE Non Interest Bearing Account (Please tick anyone of the option) :
Do you want Mandate Facility	: Yes (If Yes please fill the Mandate Form)
NRO Saving Account	☐ NRO Non Interest Bearing Account (Please tick anyone of the option)
Amount of initial deposit	
Do you want Mandate Facility	: ☐ Yes (If Yes please fill the Mandate Form) ☐ No
☐ NRE Fixed Deposit	
Tenor	:(Years)(Months)(Days)
Amount	:
Type of Deposit	: \square Simple \square Cumulative If Simple, then interest to be credited \square Monthly \square Quarterly
Interest to be credited to your	Account No. or DD / Pay order#
#DD / Pay Order will be couriered to	your communication address
Note : All term deposits will be oper Please enroll for monthly free e-state	ned on auto renewal basis for identical periods. Please give written instruction before maturity in case auto renewal is not required. ement for receiving DCA.
NRO Fixed Deposit	
Tenor	: (Years) (Months) (Days)
Amount	:
Type of Deposit Interest to be credited to your	
#DD / Pay Order will be couriered to	
	ned on auto renewal bassis for identical periods. Please give written instruction before maturity in case auto renewal is not required.
Recurring Deposit Type of Recurring Deposit Period of Recurring Deposit Installment Amount (INR) Account to be debited Amount of installments to be p	: NRE RD NRO RD : (Years) (Months) : : baid by debit to Account No. / will be paid separately. Maturity
proceeds to be credited to Ac	count No.
FCNR Fixed Deposit (Fore	ign Currency Non-Resident) : (Years) (Months) (Days)
Currency Amount	: USD GBP EURO JPY AUD CAD SGD HKD CHF
Note : All term deposits will be ope	ned on auto renewal basis for identical periods. Please give written instruction before maturity in case auto renewal is not required.
8. KNOW YOUR CUSTOMER	DOCUMENT (KYC)
1. Identity proof :	Expiry Date D D M M Y Y Y Y (Only for ID Proof wherever applicable)
2. Overseas Address proof :	

Applicant 2: o.: Y OF BANK STATEMENT :	Customer ID No.: 10. FREQUENCY OF BANK STATEMENT Bank Statement:	* Name of Joint Applicant 2: Customer ID No.: 10. FREQUENCY OF BANK STATEMENT Bank Statement:	* Name of Joint Applicant 2: Customer ID No.: 10. FREQUENCY OF BANK STATEMENT Bank Statement: Monthly email and Annual Physical Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no.	*Name of Joint Applicant 2: Customer ID No.: 10. FREQUENCY OF BANK STATEMENT Bank Statement: Monthly email and Annual Physical Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no. currency Amount dra bank name and remittance reference no. of currency and amount dra and amount cash Deposit: Amount Cash Deposit: Amount Currency and amount cash Deposit: Amount Cash Deposit: Amount Currency and amount cash Deposit: Amount Currency and amount cash Deposit: Amount Currency cash Deposit: Amount cash Deposit: Amount	 ★ Name of Joint Applicant 2: Customer ID No.: 10. FREQUENCY OF BANK ST Bank Statement:	ly email a	and Ar				on																			
Y OF BANK STATEMENT Monthly email and Annual Physical you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual on address. JUDING	Customer ID No.: 10. FREQUENCY OF BANK STATEMENT Bank Statement:	Customer ID No: 10. FREQUENCY OF BANK STATEMENT Bank Statement: Monthly email and Annual Physical Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no	Customer ID No.: 10. FREQUENCY OF BANK STATEMENT Bank Statement: Monthly email and Annual Physical Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no.	Customer ID No.: 10. FREQUENCY OF BANK STATEMENT Bank Statement: Monthly email and Annual Physical Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no.	Customer ID No.: 10. FREQUENCY OF BANK ST Bank Statement :	ly email a	and Ar				on																			
Y OF BANK STATEMENT Monthly email and Annual Physical you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual on address. JUDING	10. FREQUENCY OF BANK STATEMENT Bank Statement:	10. FREQUENCY OF BANK STATEMENT Bank Statement: Monthly email and Annual Physical Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no. currency Amount draw bank name bank name bank address and remittance from remitting bank bank address and remittance reference no. of currency and amount cash Deposit: Amount currency 22. NOMINATION FORM (FORM DA 1) The Nominee should not be any of the applicants. Nomination required: Yes No I have been explained about the benefits of the nomination facility. However, Iwould like to inform you that I do not wish to provide nomination for account Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (11) of the Banking Companies (Nomination) Rules, 1985, in respect of bank dep (I www. (name(s)) & address(s) of the depositor(s) nominate the following presson (details provided hereunder) to whom in the event of my death the amount of deposit in the account, particular whereof are given below, may be return (ICICI Bank Limited, Branch (name and address of branch in which deposit is held). Nominee's Name:	Description Statement Monthly email and Annual Physical Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING	10. FREQUENCY OF BANK STATEMENT	10. FREQUENCY OF BANK ST Bank Statement :	ly email a	and Ar				on																			
Monthly email and Annual Physical you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual on address. Note DD DD Currency	Bank Statement:	Bank Statement:	Bank Statement:	Bank Statement:	Bank Statement :	ly email a	and Ar				on																			
you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual on address. JNDING cheque / DD no currency Amount draw e from remitting bank bank address ance reference no of currency and amount sit: Amount, Currency and amount N FORM (FORM DA 1) The Nominee should not be any of the applicants. sited: Yes	Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no.	Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed chaque / DD no.	Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no.	Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annual the communication address. 11. MODE OF FUNDING Enclosed cheque / DD no.	Please note that you would be rethe communication address. 11. MODE OF FUNDING Enclosed cheque / DD note.	receiving					on																			
cheque / DD no	Enclosed cheque / DD no	Enclosed cheque / DD no	Enclosed cheque / DD no	Enclosed cheque / DD no	Enclosed cheque / DD no),						you	r reç	jiste	ered	ema	ail IC) and	l Ph	ysic	al st	taten	nent	t wo	ould	l be	ser	nt ar	nua	al
e from remitting bank	bank name	bank name	bank name Remittance from remitting bank	bank name).																								
bank address ance reference no	Remittance from remitting bank bank address and remittance reference no. of currency and amount Cash Deposit: Amount Deposit: Amount Cash Deposit: Amount Deposit: A	Remittance from remitting bank	Remittance from remitting bank	Remittance from remitting bank	hank name								curr	enc	У					_ /	١mc	ount							_ dr	a
and amount	and remittance reference no	and remittance reference no	and remittance reference no	and remittance reference no	Dank Harrie																									
N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not wish to provide nomination for account nation of the deposit of pank deposit of pa	Cash Deposit: Amount	Cash Deposit: Amount	Cash Deposit: Amount	Cash Deposit: Amount	Remittance from remittin	ig bank_								_ba	ank a	ıddı	ess													
N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not be any of the applicants. N FORM (FORM DA 1) The Nominee should not wish to provide nomination for account nation of the deposit of pank deposit of pa	Cash Deposit: Amount	Cash Deposit: Amount	Cash Deposit: Amount	Cash Deposit: Amount	and remittance reference	no					of	f cur	rend	:у_							an	nd ar	nou	nt_						
N FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nominee should not be any of the applicants. In FORM (FORM DA 1) The Nomination facility, However, I would like to inform you that I do not wish to provide nomination for account section 452 A of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposition) Rules, 1985, in respect of bank deposition (name(s) & address(es) of the depositor(s) nominate the following that the amount of depositing (Nomination) Rules, 1985, in respect of bank deposition (name(s) & address(es) of the depositor(s) nominate the following the depositor(s) nominate the following that the amount of depositing (Nomination) Rules, 1985, in respect of bank deposition (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (name(s) & address(es) of the depositor(s) nominate the following (nam	Nomination required: Yes No I have been explained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide nomination for account Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank depitive (name(s) & address(es) of the depositor(s) nominate the followers (details provided hereunder) to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be return ICICI Bank Limited, Branch (name and address of branch in which deposit is held). Nominee's Name: FIRST MRITER STREET ROUTE State: Country: State: Country: Postal / Zip Code: Relationship with Applicant Details (only if the nominee is a minor) Guardian Details (only if the nominee is a minor) Guardian's Name: FIRST MRITER STREET MRITER STREET MRITER STREET MRITER STREET MRITER STATE MRITER STREET MRITER STR	Nomination required: Yes No Thave been explained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide nomination for account Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank depitive (name(s) & address(es) of the depositor(s) nominate the followers (details provided hereunder) to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be return CICCI Bank Limited, Branch (name and address of branch in which deposit is held). Nominee's Name: Fig. 8 T	Nomination required: Yes No I have been explained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide nomination for account Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank dep I/We (name(s) & address(es) of the depositor(s) nominate the followers (details provided hereunder) to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be return ICICI Bank Limited, Branch (name and address of branch in which deposit is held). Nominee's Name:	12. NOMINATION FORM (FORM DA 1) The Nominee should not be any of the applicants. Nomination required: Yes No Thave been explained about the benefits of the nomination facility, However, I would like to inform you that I do not wish to provide nomination for account Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank dep I/We (name(s) & address(es) of the depositor(s) nominate the followers of the person (details provided hereunder) to whom in the event of my death the amount of depositis the account, particulars whereof are given below, may be returned (CICI Bank Limited, Branch (name and address of branch in which deposit is held). Nominee's Name: F																										
plained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide nomination for account section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposition and the second of the depositor of the	Nomination required: Yes No I have been explained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide nomination for account Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank depolity. I would like to inform you that I do not wish to provide nomination for account Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank depolity. I would like to inform you that I do not wish to provide nomination for account name(s) & address(es) of the depositor(s) nominate the following provided hereunder) to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be return (ICICI Bank Limited, Branch (name and address of branch in which deposit is held). Nominee's Name: F I R S T	Nomination required: Yes No	Nomination required: Yes No I have been explained about the benefits of the nomination facility. However, I would like to inform you that I do not wish to provide nomination for accour Nomination under section 45Z A of the Banking Regulation Act, 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank dep I/We	Nomination required:																										
State: Postal / Zip Code: Date of Birth (only if nominee is a minor): Conly if the nominee is a minor) Fig. 1 R S T	Nominee's Address: City: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: Country: Postal / Zip Code: Postal / Zip Code:	Nominee's Address: City: State: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): D D M M Y Y Guardian Details (only if the nominee is a minor) Guardian's Name: F T R S T M D D L E S U R N A M E Address: City: State: Country: Postal / Zip Code: Relationship with nominee Witness:	Nominee's Address: City: State: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): D D M M Y Y Guardian Details (only if the nominee is a minor) Guardian's Name: F I R S T D D L E S U R N A M E Address: City: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Name of Witness 2	Nominee's Address: City: State: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): D D M M Y Y Guardian Details (only if the nominee is a minor) Guardian's Name: F I R S T M I D D L E S U R N A M E Address: City: State: Country: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Signature Signature	person (details provided hereunder) ICICI Bank Limited,	to whom	in the ev	vent of	my de	ath th	ie an n (na	noun me a	t of c	lepo ddre	sit in ss of l	the a	ассо	unt, լ	oarti	culai	s wł	nereo			en be	elow	/, ma			
State: Postal / Zip Code: Date of Birth (only if nominee is a minor): (only if the nominee is a minor) FIRST MIDDLE SURNAME	City: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: Country: Postal / Zip Code: Relationship with nominee	City: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: State: Country: Postal / Zip Code: Postal / Zip Code: Witness:	City: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 2	City: State: Country: Postal / Zip Code: Relationship with Applicant Date of Birth (only if nominee is a minor): D D M M Y Y Guardian Details (only if the nominee is a minor) Guardian's Name: F I R S T M I D D L E S U R N A M E Address: State: City: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Signature Signature Signature																										
Postal / Zip Code: Date of Birth (only if nominee is a minor): Conly if the nominee is a minor) MIDDLE SURNAME	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: Country: Relationship with nominee Postal / Zip Code: Postal / Zip Code:	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: FIRST MIDDLE SURNAME Address: City: City: Postal / Zip Code: Relationship with nominee Witness:	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: Country: Relationship with nominee Witness: Name of Witness 2	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: Country: Relationship with nominee Witness: Name of Witness 1 Signature Signature	Nominee's Address:																									
Postal / Zip Code: Date of Birth (only if nominee is a minor): Conly if the nominee is a minor) MIDDLE SURNAME	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: Country: Relationship with nominee Postal / Zip Code: Postal / Zip Code:	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: FIRST MIDDLE SURNAME Address: City: Country: Postal / Zip Code: Relationship with nominee Witness:	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: Country: Relationship with nominee Witness: Name of Witness 2	Country: Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: Address: City: City: Country: Relationship with nominee Witness: Name of Witness 1 Signature Signature	C'.																									
Date of Birth (only if nominee is a minor): Conly if the nominee is a minor)	Relationship with Applicant Date of Birth (only if nominee is a minor): Guardian Details (only if the nominee is a minor) Guardian's Name: FIRST MIDDLE SURNAME Address: City: Country: Postal / Zip Code:	Relationship with Applicant Guardian Details (only if the nominee is a minor) Guardian's Name: FIRST MIDDLE SURNAME Address: City: Country: Relationship with nominee Witness:	Relationship with Applicant Guardian Details (only if the nominee is a minor) Guardian's Name: F R S T M D D E S U R N A M E Address: City: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 2	Relationship with Applicant Guardian Details (only if the nominee is a minor) Guardian's Name: F R S T												0 -	1													
(only if the nominee is a minor) If I R S T	Guardian Details (only if the nominee is a minor) Guardian's Name: F R S T	Guardian Details (only if the nominee is a minor) Guardian's Name: F R S T M D D L E S U R N A M E Address: City: Country: Relationship with nominee Witness:	Guardian Details (only if the nominee is a minor) Guardian's Name: F R S T	Guardian Details (only if the nominee is a minor) Guardian's Name: F R S T M D D L E S U R N A M E Address: City: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1																	+	٠.								
	Guardian's Name: F R S T	Guardian's Name: F R S T	Guardian's Name: F R S T	Guardian's Name: F R S T M D D L E S U R N A M E Address: City: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1	Relationship with Applicant								ט	ate	от Ві	rtn	(oni	упп	om	inee	IS a	a mir	ior):							
	Address: City: State: Country: Postal / Zip Code: Relationship with nominee	Address: City: Country: Postal / Zip Code: Witness:	Address: City: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Name of Witness 2	Address: State: City: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Name of Witness 2 Signature Signature			e a mir																							
State:	City: State: Country: Postal / Zip Code: Relationship with nominee	City: State: Country: Postal / Zip Code: Relationship with nominee Witness:	City: State: State: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Name of Witness 2	City: State: Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Name of Witness 2 Signature Signature		minee k	3 a 11111	nor)																						
State:	Country: Postal / Zip Code: Relationship with nominee	Country: Postal / Zip Code: Relationship with nominee Witness:	Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Name of Witness 2	Country: Postal / Zip Code: Relationship with nominee Name of Witness 2 Signature Signature	Guardian's Name: F I R S	T T	3 4 11111	nor)																						
State:	Country: Postal / Zip Code: Relationship with nominee	Country: Postal / Zip Code: Relationship with nominee Witness:	Country: Postal / Zip Code: Relationship with nominee Witness: Name of Witness 1 Name of Witness 2	Country: Postal / Zip Code: Relationship with nominee Name of Witness 2 Signature Signature	Guardian's Name: F I R S	T	3 4 11111	nor)																						
	Relationship with nominee	Relationship with nominee Witness:	Relationship with nominee Witness: Name of Witness 2	Relationship with nominee Witness: Name of Witness 1	Guardian's Name: F I R S Address:	T	3 a IIIII	nor)					D																	
Postal / Zip Code:	·	Witness:	Witness: Name of Witness 1 Name of Witness 2	Witness: Name of Witness 2 Signature Signature Signature	Guardian's Name: F I R S Address: City:	T I		nor)								E														
	withess.		Name of Witness 1 Name of Witness 2	Name of Witness 1 Name of Witness 2 Signature Signature	Guardian's Name: F I R S Address: City: Country:			nor)								Coc	de:													
n nominee	Name of Witness 1 Name of Witness 2		Simple.		Guardian's Name: F I R S Address: City: Country: Relationship with nominee			nor)								Coc	de:													
		Signature Signature	Signature Signature		Guardian's Name: F I R S Address: City: Country: Relationship with nominee Witness:										Zip			itnes	s 2_				S	U					E	
Name of Witness 2	Signature Signature			Address Address	Guardian's Name: Address: City: Country: Relationship with nominee Witness: Name of Witness 1	T									Zip Na	me (of W								R	N	A	IVI		
Name of Witness 2 Signature			Address Address	Place : Date : Date : Date :	Guardian's Name: F I R S Address: City: Country: Relationship with nominee Witness: Name of Witness 1 Signature	T					_				Zip Na Sig	me (nati	of W								R	N	A	IVI		
Postal / Zip Code:	Name of Witness 1 Name of Witness 2		SignatureSignature		Relationship with Applicant		e a mir						ט	ate	of Bi	rth	(onl	yıtn	om	inee	IS 8	mır	ior):							
n nominee		Name of Witness 1 Name of Witness 2		Signature Signature	Guardian's Name: F I R S Address: City: Country:			nor)								Coc	de:													
n nominee	Name of Witness 1 Name of Witness 2		C'arabas		Guardian's Name: F I R S Address: City: Country: Relationship with nominee			nor)								Сос	de:													
Name of Witness 2	Address Address	Address Address			Guardian's Name: F I R S Address: City: Country: Relationship with nominee Witness: Name of Witness 1 Signature Address	T					_				Na Sig	me (natu	of W ure_ ss								R	N	A	IVI		

^{*}Money2India Account would not be available as a default server to customers opening NRI account through branches of ICICI Bank UK PLC

^{*}Customer need to visit Money2India.com and register themselves for availing Money2India account

Please affix a recent photograph. Please sign in black ink within the box. I / We do hereby declare that information furnished in this form is true to the best of my / our knowledge and belief. Mr. Ms. Dr. Photo Primary applicant 35 X 45 MM Signature of the bank official in whose presence the applicant has signed. (x) Signature (Please ensure that your signature matches with the Date: D D M M Y Y Y Y signature on the passport.) Mr. Ms. Joint applicant 1/ guardian's photo in case of minor account 35 X 45 MM Signature of the bank official in whose presence the applicant has signed. (x) Signature (Please ensure that your signature matches with the Date: D D M M Y Y Y Y signature on the passport.) Joint applicant 2 35 X 45 MM Signature of the bank official in whose presence the applicant has signed. (x) Signature (Please ensure that your signature matches with the signature on the passport.) TO BE FILLED ONLY FOR MANDATE HOLDER Mandate Holder 35 X 45 MM

14. PHOTOGRAPH AND SIGNATURE

Please note, in case you are not meeting any ICICI Bank Official and your signature differs from the passport you can

(x) Signature

- 1. Submit a government issued photo identity document having your new signature (Driving Licence, Residence Card etc.) OR
- 2. Your new signature can be attested by a Banker / Indian Embassy/Notary (OR equivalent of Notary as per applicable laws)

Signature of the bank official in whose presence

the applicant has signed.

Date: D D M M Y Y Y Y

15. FOR ICICI BANK USE ONLY (KYC CERTIFICATION PRIM	MARY APPLICANT)
I have met Mr. / Ms.	all'a Canada Libita de la COLLI
	nship form which has been filled in my presence, and I have verified with the ertify that the documents convey compliance with bank's KYC guidelines.
was in (name of the countr	nt and offered him/her the above mentioned products and services when he/she ry outside the present country of residence). I confirm that I have not solicited
the client in his country of residence in respect of any produ	uct that is not permitted in that country. alk-incustomer Meeting outside when customer was in(Place)
	anch visit / phone call Hrs Min.
* Applicable if this form is being filled outside the country of Name of Bank Official authorizing opening of the account:	
At present working at:	
Signature of Bank Official	
16. WELCOME KIT ACKNOWLEDGEMENT	
	Account opening form scrutinized by: Employee No. Sign of Employee
	Account opened / modified by:
Please affix acknowledgment for WELCOME KIT received from Account holder	Employee No.
	Sign of Employee
	Account opening verified by:
	Employee No.
	Sign of Employee
*NRO Deliverables Personalized Insta (Debit Card	Only)
NRO Instant Debit Card No. :	
SR Number :	
17. FILL DETAILS OF JOINT APPLICANT 1 / GUARDIAN	
*Applicant Name: Mr. Ms. Dr. F I R S T	
(Same as in Passport)	
*Date of Birth: DDMMYYYY *Mother's M	laiden Name:
*Father's Name:	*Marital Status: Single Married *Gender: M / F /
SSN/UID No:	*Current Residential Status NRI Resident
Relationship with Primary Applicant :	
Date of becoming Non-Resident	*Are you a PEP# or related to one? Yes No
*Email ID: C A P I T A L L E T T E	R S O N L Y PAN
*ID No.:	*Nationality :
Date of Issue: D D M M Y Y Y Place of Issue Type of Visa: Employment Visa Work Permit Single onto visa or public page 1	Student Visa Single entry visa Residence permit
Single entry visa permitting employment	Others
18. COMMUNICATION ADDRESS (PROOF IS MANDATOR)	1)
House No.: Building Level /Floor	
Premise Name:	Street No.:
Street Name :	Landmark:
	Locality:
*City:	*State:
*Country:	Zip Code:
Tel (Office): Country co de Ar ea co de N u m b e	r *Tel(Res.): Country co de Ar ea co de N u m b e r
Mobile: Country co de	Fax: Country co de Ar ea co de N u m b e r

is manufatory to provide your permanent address, however if it is a same as current address in section 2, please tick here make Name: Building Level /Floor	9. PERMANENT ADDRESS	S (PROOF IS MANDATORY)
amise Name: Locality: Locali	is mandatory to provide y	our permanent address, however if it is same as current address in section 2, please tick here
Cocking to Country: Cocking State: Locality: Cocking Country: Co	ouse No.:	Building Level /Floor
Locality:	emise Name:	Street No.:
Country: Country:	reet Name :	Landmark:
Country: Zig Code:		Locality:
Notifice	City:	*State:
Mobile:	Country:	Zip Code:
Mobile:	(Office): Country co de	Ar ea co de N u m b e r *Tel(Res.): Country co de Ar ea co de N u m b e r
Occupation: 3) If Salarical, employed with Proprietership Partnership PvLLid Public Sector Government Multinational Others Stell Employed, and H in Business, nature of Business Manufacturing Tarding Services Retailing Agriculture Stock Brokar Real Estate Others Hordership, PvLLid Public Sector Government Multinational Others Hordership, Tarding Services Retailing Agriculture Stock Brokar Real Estate Others Hordership, PvLLid Public Sector Government Multinational Others Hordership, PvLLid Tarding Services Retailing Agriculture Stock Brokar Real Estate Others Hordership, PvLLid Student Engineer Others (Pls specify) Cell Color CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) Cell Color CA/CS Cawyer Architect Consultant Engineer Others (Pls specify) Cell Color Ca/CS Cawyer Architect Consultant Engineer Others (Pls specify) Cell Color Ca/CS Cawyer Architect Consultant Engineer Others (Pls specify) Cell Color Ca/CS Cawyer Cardinate Cardinate	Mobile: Country co de	
Occupation: a) If Saldried, employed with Proprietorship Partmenship Pvt Ltd Public Ltd Public Sector Government Multinational Other by It Salf Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor AACS Lawyer Architect Consultant Engineer Others (Pis specify) a) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Incoment (2) < 1 Lac 11 Lac 15 Lac 5 Lac 5 Lac to 10 Lac 15 Lac 15 Lac to 20 Lac to 2 25 Lac to 50 Lac 50 Lac 50 Lac 1 CR > 1 CR 1 CR to 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pis specify) I. KYC DOCUMENT Joint APPLICANT 1 dentity proof: Expiry Data Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pis specify) I. KYC DOCUMENT Joint APPLICANT 1 dentity proof: Expiry Data Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pis specify) I. KYC DOCUMENT Joint APPLICANT 1 dentity proof: Expiry Data Salary Business Income Retirements on the Retirement Ret		
a) If Salaried, employed with Propriotorship Partnership Prict Ltd Public Sector Government Multinational Other D) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) Frofessional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify)		TO ACCOOK! ACTIVITY (MANDATORY) (For million / flousewife provide details of guardian / flusband)
Dit Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professionals, type of Profession	•	rith Proprietorship Partnership Pvt Ltd Public Ltd Public Sector Government Multinational Other
If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pla specify) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (?) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac 15 Lac 15 Lac to 20 Lac 2 25 Lac to 50 Lac 50 Lac to 1 CR > 1 CR 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pla specify) I. KYC DOCUMENT JOINT APPLICANT 1 Identity proof: Expiry Date Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pla specify) Diverseas/Domestic Address proof: Expiry Date Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pla specify) Diverseas/Domestic Address proof: Expiry Date Salary Business Income Rent Pension Funds for Market Revision Rent Pension Funds for Market Revision Revision Rent Funds for Rent Pension F		
Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pla specify) c) If Others Housewife Retired Student Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac 15 Lac to 20 Lac 20 Lac to 2 25 Lac to 50 Lac 50 Lac to 1 CR > 1 CR 1 CR 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pla specify) 1. KYC DOCUMENT JOINT APPLICANT 1 Identity proof: Expiry Date Expiry Date	Manufacturing	Trading Services Retailing Agriculture Stock Broker Real Estate Others
Core Annual Income (?) < 1 Lec 1 Lec to 5 Lec to 10 Lec 10 Lec to 15 Lec to 20 Lec 20 Lec to 2 Lec 25 Lec to 50 Lec 50 Le	If Professional, type of F	Profession
Gross Annual Income (₹) < 1 Lac	Doctor CA/	/CS Lawyer Architect Consultant Engineer Others (Pls specify)
Gross Annual Income (₹)	c) If Others Housewife	Retired Student
25 Lac to 50 Lac	Education Under Grad	duate Graduate Post Graduate Professional
25 Lac to 50 Lac	Gross Annual Income (₹)	< 1 Lac. ~ 1 Lac to 5 Lac. ~ 5 Lac to 10 Lac. ~ 10 Lac to 15 Lac. ~ 15 Lac to 20 Lac. ~ 20 Lac to 2
Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pla specify) I. KYC DOCUMENT JOINT APPLICANT 1 dentity proof: Expiry Date Subject of Subject Subj		
Runds from family members Others (Pls specify) I. KYC DOCUMENT JOINT APPLICANT 1 dentity proof:		
LYC DOCUMENT JOINT APPLICANT 1 Identity proof: Expiry Date Date of the second process of the second proof: Deverseas/Domestic Address proof: Expiry Date Date of the second proof: Deverseas/Domestic Address proof: Dever		
Description of the country of the country of residence in respect of any product that is not permitted in that country. Description and find a submitted in this being filled outside the country of residence. Attach copies of Email (if applicable) polyce No.: Description of Bank Official authorizing opening of the account: Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: The signature of Bank Official authorizing opening of the signature of Bank Official authorizing opening of the account: Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: The signature of Bank Official authorizing opening of the account: Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: The signature of Bank Official authorizing opening of the account: Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: The signature of Bank Official authorizing opening of the account: Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: The signature of Bank Official authorizing opening of the account: Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation: The signature of Bank Official authorizing opening of the account: FILL DETAILS OF JOINT APPLICANT 2 Designation: FILL DETAILS OF JOINT APPLICANT 2 Designation		
Overseas/Domestic Address proof: .FOR ICICI BANK USE ONLY (KYC CERTIFICATION FOR JOINT APPLICANT 1) we met Mr. / Ms. were met Mr. / Ms. were the above mentioned products and lave verified with the pinal documents. I have understood the documents and certify that the documents convey compliance with bank's KYC guidelines. Were the Mr. / Ms. were the Mr. / Ms. were the above mentioned products and services when he/she as in		
Por Icici Bank Use OnLY (KYC CERTIFICATION FOR JOINT APPLICANT 1) In the method of the decidency confirm the identity filled in the relationship form which has been filled in my presence, and I have verified with the intelligence of the documents and certify that the documents convey compliance with bank's KYC guidelines. In the method of the documents and sertify that the documents convey compliance with bank's KYC guidelines. In the method of the country outside the present country of residence, I confirm that I have not solicited as in (name of the country outside the present country of residence). I confirm that I have not solicited as in (name of the country outside the present country of residence). I confirm that I have not solicited as in (name of the country outside the present country of residence). I confirm that I have not solicited as in (name of the country outside the present country of residence). I confirm that I have not solicited as in (name of the country outside the present country. In the control of the country of residence in respect of any product that is not permitted in that country. In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the of Bank Official authorizing opening of the account: In the official authorizing opening of the account: In the	dentity proof :	
A POR ICICI BANK USE ONLY (KYC CERTIFICATION FOR JOINT APPLICANT 1) Agreement Mr. / Ms. Dereson and hereby confirm the identity filled in the relationship form which has been filled in my presence, and I have verified with the interest of the documents and certify that the documents convey compliance with banks KYC guidelines. Inhereby confirm that I have met the above mentioned client and offered him/her the above mentioned products and services when he/she as in	Overseas/Domestic Addres	se proof :
aver met Mr. / Ms. Derson and hereby confirm the identity filled in the relationship form which has been filled in my presence, and I have verified with the ginal documents. I have understood the documents and certify that the documents convey compliance with banks KYC guidelines. It hereby confirm that I have met the above mentioned client and offered him/her the above mentioned products and services when he/she as in	overseas, bornestie Addres	55 P1001.
person and hereby confirm the identity filled in the relationship form which has been filled in my presence, and I have verified with the ginal documents. I have understood the documents and certify that the documents convey compliance with bank's KYC guidelines. I hereby confirm that I have met the above mentioned client and offered him/her the above mentioned products and services when he/she as in	. FOR ICICI BANK USE O	NLY (KYC CERTIFICATION FOR JOINT APPLICANT 1)
Intereby confirm that I have met the above mentioned client and offered him/her the above mentioned products and services when he/she was in		
Inhereby confirm that I have met the above mentioned client and offered him/her the above mentioned products and services when he/she was in		
(name of the country outside the present country of residence). I confirm that I have not solicited to clear in his country of residence in respect of any product that is not permitted in that country. Country Branch visitor/Walk-in customer Meeting outside when customer was in Country Meeting outside when customer was in Country Mesting outside when customer was in Meeting outside was in Meetin		
e client in his country of residence in respect of any product that is not permitted in that country. lode of contact (Pleasetick as applicable) Branch visitor/Walk-incustomer Meeting outside when customer was in Pleasetick as applicable Branch visitor/Walk-incustomer Meeting outside when customer was in Pleasetick as applicable Hss. Min Applicable if this form is being filled outside the country of residence. Attach copies of Email (if applicable) mee of Bank Official authorizing opening of the account:		
Date and time of branch visit / phone call		
peplicable if this form is being filled outside the country of residence. Attach copies of Email (if applicable) me of Bank Official authorizing opening of the account: present working at: present working at the account: present working at: present working at the account: present working at: present working at the account: present working at the account. present working at the accoun	·	
me of Bank Official authorizing opening of the account:	(Country)	Date and time of branch visit / phone call Hss Min
present working at: ention city and country) (Designation): gnature of Bank Official B. FILL DETAILS OF JOINT APPLICANT 2 pplicant Name: Mr. Ms. Dr. F I R S T M I D D L E M I D D M M I D D L E M I D D M M I D D L E M I D D M M I D D L E M I D D M M I D		
present working at: ention city and country) (Designation): nature of Bank Official S. FILL DETAILS OF JOINT APPLICANT 2 poplicant Name: Mr. Ms. Dr. F I R S T Maiden Name: ate of Birth: D D M M Y Y Y Y *Mother's Maiden Name: **Marital Status: Single Married *Gender: M / F / Y Maiden Name: N/UID No: **Current Residential Status NRI Resident ationship with Primary Applicant: te of becoming Non-Resident D D M M Y Y Y Y *Are you a PEP# or related to one? Yes No *Email ID: C A P I T A L L E T T E R S O N L Y PAN D No: *Nationality: ate of Issue: D D M M Y Y Y Y Place of Issue: Expiry Date: D D M M Y Y Y Y		
ention city and country) (Designation): In ature of Bank Official In atur		
R. FILL DETAILS OF JOINT APPLICANT 2 pplicant Name: Mr. Ms. Dr. FIRST MID DLE ate of Birth: DDMMYYYYY *Mother's Maiden Name: *Marital Status: Single Married *Gender: M/F/T N/UID No: *Current Residential Status NRI Resident attionship with Primary Applicant: te of becoming Non-Resident DDMMYYYYY *Are you a PEP# or related to one? Yes No *Email ID: CAPITAL LETTERSONLY PAN DNo: *Nationality: ate of Issue: DDMMYYYYY Place of Issue: Expiry Date: DDMMYYYYY	ention city and country)	
pplicant Name: Mr. Ms. Dr. FIRST Maiden Name: ate of Birth: DDMMYYYY *Mother's Maiden Name: wher's Name: *Marital Status: Single Married *Gender: M/F/T N/UID No: *Current Residential Status NRI Resident ationship with Primary Applicant: te of becoming Non-Resident DDMMYYYY *Are you a PEP# or related to one? Yes No *Email ID: CAPITAL LETTERSONLY PAN DNo: *Nationality: ate of Issue: DDMMYYYY Place of Issue: Expiry Date: DDMMYYYYY	(Designation):	
pplicant Name: Mr. Ms. Dr. F R S T M D D E D M M Y Y Y Y *Mother's Maiden Name: Marital Status: Single Married *Gender: M / F / T M M M M M M M M M	nature of Bank Official	
ate of Birth: S U R N A M E	. FILL DETAILS OF JOINT	APPLICANT 2
ate of Birth: DDMMYYYY *Mother's Maiden Name: *Marital Status: Single Married *Gender: M/F/T N/UID No: *Current Residential Status NRI Resident ationship with Primary Applicant: te of becoming Non-Resident DDMMYYYYY *Are you a PEP# or related to one? Yes No *Email ID: CAPITAL LETTERSONLY PAN D No.: *Nationality: Expiry Date: DDMMYYYYY Place of Issue: DDMMYYYYY Place of Issue: Expiry Date: DDMMYYYYY	oplicant Name: Mr. Ms.	Dr. FIRST MIDDLE
ate of Birth: D D M M Y Y Y Y *Mother's Maiden Name: ther's Name: *Marital Status: Single Married *Gender: M / F / T N/UID No: *Current Residential Status NRI Resident ationship with Primary Applicant: the of becoming Non-Resident D D M M Y Y Y Y *Are you a PEP# or related to one? Yes No *Email ID: C A P I T A L L E T T E R S O N L Y PAN D No.: *Nationality: the of Issue: D D M M Y Y Y Y Place of Issue: Expiry Date: D D M M Y Y Y Y	ne as in Passport)	
*Marital Status: Single Married *Gender: M / F / T N/UID No:	to the late	
**Current Residential Status NRI Resident ationship with Primary Applicant: e of becoming Non-Resident DDMMYYYYY *Are you a PEP# or related to one? Yes No **Email ID: CAPITALLETTERSONLY PAN O No.: *Nationality: Expiry Date: DDMMYYYYY Place of Issue: Expiry Date: DDMMYYYYY		
ationship with Primary Applicant: te of becoming Non-Resident D D M M Y Y Y *Are you a PEP# or related to one? Yes No *Email ID: C A P I T A L L E T T E R S O N L Y PAN D No.: *Nationality: Expiry Date: D D M M Y Y Y Y	ther's Name:	*Marital Status: Single Married ^Gender: M / F /
e of becoming Non-Resident DDMMYYYY *Are you a PEP# or related to one? Yes No *Email ID: CAPITALLETTERSONLY PAN PAN DNo.: *Nationality: Expiry Date: DDMMYYYYY Place of Issue: DDMMYYYYY	N/UID No :	*Current Residential Status NRI Resident
*Email ID: C A P I T A L L E T T E R S O N L Y PAN O No.: *Nationality: Expiry Date: D D M M Y Y Y Y Place of Issue: D D M M Y Y Y Y	ationship with Primary Ap	oplicant :
D No.: *Nationality: Expiry Date: D D M M Y Y Y Y Place of Issue: Expiry Date: D D M M Y Y Y Y	e of becoming Non-Resid	lent D D M M Y Y Y Y *Are you a PEP# or related to one? Yes No
ate of Issue: D D M M Y Y Y Place of Issue: Expiry Date: D D M M Y Y Y	*Email ID:	T A L L E T T E R S O N L Y PAN
	D No.:	*Nationality:
	ate of Issue	Y Y Y Place of Issue: Fxpiry Date: D D M M V V V

24. COMMUNICATION ADDR	RESS (PROOF IS MANDATORY)
House No.:	Building Level /Floor
Premise Name:	Street No.:
Street Name :	Landmark:
	Locality:
*City:	*State:
*Country:	Zip Code:
Tel (Office): Country co de A	Ar ea co de N u m b e r *Tel(Res.): Country co de Ar ea co de N u m b e r
Mobile: Country co de	Fax: Country co de Ar ea co de N u m b e r
25. PERMANENT ADDRESS ((PROOF IS MANDATORY)
It is mandatory to provide you	our permanent address, however if it is same as current address in section 2, please tick here
House No.:	Building Level /Floor
Premise Name:	Street No.:
Street Name :	Landmark:
	Locality:
City:	*State:
Country:	Zip Code:
Tel (Office): Country co de A	Ar ea co de N u m b e r *Tel(Res.): Country co de Ar ea co de N u m b e r
Mobile: Country co de	Fax: Country co de Ar ea co de N u m b e r
26. YOUR OCCUPATION AND	D ACCOUNT ACTIVITY* (MANDATORY) (For minor / housewife provide details of guardian / husband)
3. Gross Annual Income (₹)25 Lac to 50 Lac4. Source of Funds Salary	Retired Student Student Post Graduate Professional <pre></pre>
27. KYC DOCUMENT JOINT	
1. Identity proof :	Expiry Date D D M M Y Y Y Y
2. Overseas/Domestic Address	(Only for ID Proof wherever applicable)
	NLY (KYC CERTIFICATION FOR JOINT APPLICANT 2)
I have met Mr. / Ms in person and hereby confirm t	the identity filled in the relationship form which has been filled in my presence, and I have verified with the derstood the documents and certify that the documents convey compliance with bank's KYC guidelines.
was in the client in his country of res Mode of contact (Please tick as	met the above mentioned client and offered him/her the above mentioned products and services when he/she (name of the country outside the present country of residence). I confirm that I have not solicited
(Country)	esidence in respect of any product that is not permitted in that country. sapplicable) Branch visitor/Walk-in customer Meeting outside when customer was in Place Date and time of branch visit / phone call Hss. Min
	sapplicable) Branch visitor/Walk-in customer Meeting outside when customer was in Place)
[¢] Applicable if this form is beir	sapplicable) Branchvisitor/Walk-incustomer Meeting outside when customer was in Place. . Date and time of branch visit / phone call Hss. Min
* Applicable if this form is beir Name of Bank Official authoriz Employee No.:	sapplicable) Branchvisitor/Walk-incustomer Meeting outside when customer was in
* Applicable if this form is beir Name of Bank Official authoriz Employee No.: At present working at:	sapplicable) Branchvisitor/Walk-incustomer Meeting outside when customer was in Place . Date and time of branch visit / phone call Hss. Min ing filled outside the country of residence. Attach copies of Email (if applicable) zing opening of the account:
* Applicable if this form is beir Name of Bank Official authoriz Employee No.: At present working at: (Mention city and country)	sapplicable) Branchvisitor/Walk-incustomer Meeting outside when customer was in

INSTRUCTIONS FOR FILLING UP THIS FORM

- 1. Please ensure that you affix photographs of each of the account holders, along with their signatures. You can allow a family member / friend in India to operate your account as your "Mandate Holder".
- 2. You can send this completed form along with all requisite documents to any of our branches. Alternately, you can send them to ICICI Bank Ltd.,RPC Mumbai, Autumn Estate, 5th Floor, 'A' wing, Near Mhada, Chandivali, Andheri (E) Mumbai- 400 072, India.
- 3. ICICI Bank reserves the right to open an account at any branch at its discretion in case you do not indicate a preference.
- 4. Please ensure Relationship form is accompanied with a cheque equivalent to INR 15250 or more for NRE Savings Account, INR 1 lac and more for NRI PRO and INR 5 lac and more for NRI PREMIA if the form is submitted at branch in India
- 5. Incase you are sending monies in AUD, CHF, HKD, NOK, SEK, SGD, USD, EUR, CAD or GBP, you may use Money2India (www.money2india.com) to fund your account.
- 6. Should you prefer our representatives calling on you for assistance in account opening, email us at nrinfo@icicibank.com
- 7. For any further clarifications or information, call us at: **US and Canada customers**: 1-866-ICICI4U (24 hours, toll free). **UK customers**: 08081-31-41-51 (from 0830 Hrs to 2030 Hrs GMT, toll free) **Other countries**: +91-40-3099 8025
- 8. Please visit www.icicibank.com to download a copy of the Code of Commitment which we have adopted.

DOCUMENTS TO BE SENT TO OPEN AN ACCOUNT

IN BRANCH (If you are meeting an ICICI bank official)

- 1. In case you are a NRI (Non Resident Indian)
 - a. Photocopy of the relevant pages of your current passport where your name, date of birth, date & place of issue, expiry date, photograph & signature appear.
 - b. Photo copy of valid work permit / employment Visa

2. In case you are a PIO (Person of Indian Origin)

- a. Photocopy of the relevant pages of your current passport
- b. Copy of PIO card OR Self-declaration for PIO as given on page 2 of Part B of this Relationship Form.

INDIAN ADDRESS PROOFS

- · Valid Passport
- Driving license issued by regional transport authority
- Voter ID card
- Job card issued by NREGA duly signed by an officer of the State Government\Aadhaar letter card issued by Unique Identification Authority of India (UIDAI)
- Aadhaar letter card issued by Unique Identification Authority of India (UIDAI)

OVERSEAS ADDRESS PROOFS

- Address on the passport
- Utility bill, i.e. Electricity, Gas, Water, Landline telephone bill, Sewage services.
- Overseas/Indian bank statement(Bank passbook will be accepted accompanied by a cheque from same account)
- Rent receipt along with duly stamped/registered lease deed (lease deed should be valid as on account opening)
- Letter from existing banker (This letter should clearly specify that the mentioned address is your communication address and your period of relationship with the bank is more than 3 months)
- Visa/Resident permit/work permit
- Driving license
- PIO card (Should be valid as on account opening)
- Letter from government postal authorities
- Shop license issued by government authorities with your name and address mentioned (should be valid as on date of account opening)
- National ID card
- Appointment letter issued by Employer (Only for face to face KYC)
- Receipt/Bills paid to municipal corporation

OVERSEAS ADDRESS PROOF IN NAME OF SPOUSE/BLOOD RELATIVE

Address proof can be of self OR in name of blood relative / spouse only, for this purpose blood relatives are defined as:

• Parents • Children • Brothers / Sisters

Additional documents to be collected in case of address proof in name of blood relative / spouse:

- Address proof of blood relative/spouse
- Any one of the following will be accepted to establish relationship
 - Passport Birth Certificate Marriage Certificate Ration Card Matriculation Certificate Court Affidavit School Leaving Certificate
- No Objection Certificate from the blood relative stating that they authorize the prospective applicant to use his/her (blood relatives) address as applicant's communication
 address. (Declaration format available with the branch)

All the above address proofs (India, Overseas, spouse / blood relative), should be for the last 2 billing cycles and issued within last 3 months (except for Passport, PIO Card and Government issued unique identity document).

RELATIONSHIP FORM (For Non Resident Indian/PIO)

ICICI Bank NRI Services

Customer ID No.:					
NRE Account No.					
NRO Account No.					

310-0000	00001	

PART B

	Status Code :
EMPLOYEE ID :	Employer ID:
Branch :	Branch Code :

1. GENERAL UNDERTAKINGS AND DECLARATIONS

These undertaking and declarations (as contained below) shall be in addition to and not in derogation of the Application Form (as defined below) and the Terms and Conditions

(as defined below) and shall be construed as forming part of the Terms and Conditions.

I/We hereby declare that I am/we are non-resident Indian(s) ("NRI/s") or Person(s) of Indian Origin ("PIO/s") as defined under the Foreign Exchange Management Act, 1999 and the applicable regulations, rules, notification, direction or order made thereunder (collectively, "FEMA"). I/We further confirm, agree and undertake that the attached photograph(s) is are the present, true and up-to-date proof and/or evidence of identity (ies) of me/ us. I / We understand that the above-mentioned account (s) will be opened with ICICI Bank Limited, India ("ICICI Bank") solely on the basis of reliance by ICICI Bank on the statements / declarations/ undertaking and confirmations provided/ made by me/us, and I/we also agree that if any of the statements /declarations / undertaking and confirmations made herein are found to be incorrect/false/ misleading (whether in any material particulars or otherwise), ICICI Bank shall not be bound to accept and/ or process my/ our application for opening any account (s) with ICICI Bank.

I/We understand and agree that my/our submission of this Application Form and its receipt by the Bank acts as an instruction to the Bank but does not mean that the Bank has approved this Application Form or is bound to abide by my/our instruction(s). I/We understand and agree that the approval of my/our Application Form is at the Bank's discretion and that the Bank is entitled to decline my/our instructions, if any, or otherwise reject and/or cancel my/our Application Form without furnishing any reason whatsoever. I/We understand and agree that the Bank may contact me/us and request for further information or documents for the purpose of this Application Form and for verification of any and all information provided/furnished by me/ us.

. We understand that the Application Form provided by me/ us is being provided by ICICI Bank and is subject to and governed by the laws of the Republic of India and I/ We, therefore, agree, undertake and confirm that I/ We shall abide by and be bound by all the applicable laws and regulations governing the above account (s) and extant regulations provided or promulgated by the Reserve Bank of India ("RBI") in relation to account (s) opened/ to be opened/ maintained by NRIs and/ or PIOs with banks licensed by the RBI under the applicable laws of India and I/ We understand and agree to act in accordance with and as per the applicable laws and regulations governing the operation of the above account (s) (including FEMA and any rule/ regulation/ notification/ direction as may be issued by the RBI from time to time).

I/We further declare and undertake that any transaction involving foreign exchange hereunder shall not involve, and shall not be designed for the purpose of any contravention or

evasion of the provisions of FEMA and/or any other laws applicable to NRIs/PIOs for account (s).
I/We hereby undertake to intimate ICICI Bank on my/our return to India for permanent residence immediately on arrival. Further, I/We undertake to abide by FEMA and close any of the

above-mentioned account (s) (maintained and/or operated by me/ us in my/ our capacity of an NRI/ PIO (as applicable)) on my/our becoming a resident Indian or convert the above account (s) to a resident account wherever such conversion is possible at ICICI Bank's end.

I/We hereby undertake and confirm that I/ We have read and understood and hereby agree to the terms and conditions as provided under/ made available to me/ us at ICICI Bank's website at: www.icicibank.com/nri (the "Website") in respect of all products, services and channels provided/ offered by ICICI Bank to NRIs/ PIOs (the "Terms and Conditions"). I/we understand that the Terms and Conditions are liable to be amended by ICICI Bank from time to time. I/We acknowledge that it is my/ our responsibility to obtain a copy of the latest Terms and Conditions and read and understand the same. I/We also understand that any changes in the Terms and Conditions to this relationship would be made available to me/ us upon my/our request at any ICICI Bank's branches in India.

It shall be my/our responsibility to read, understand, agree to abide and be bound by and comply, at all times, and with all the relevant laws, regulations and rules applicable to my/our use of products and services offered by ICICI Bank or its subsidiaries or affiliates or group companies (including any requirements in relation to filing/ disclosure or any other similar requirements that may apply to me/ us, under law, as a result of my/our country of citizenship, domicile or residence. I/We declare, confirm, agree:

- a. That all the particulars and information given by me/ us in the Application Form for the account (s) (the "Application Form") are true, correct, accurate, complete and up to date in all respects and I/we have not with-held any information.
- b. That I/ We are not and have not had any insolvency, bankruptcy or similar proceedings initiated against me/us nor have I/we ever been adjudicated insolvent.

 c. That I/ we have read the Application Form, the Terms and Conditions, ICICI Bank's Website information and brochure and I/ We am/ are aware of all the terms and conditions of availing finance or service or products from ICICI Bank.
- That my/our accounts/loan/investment credit facility shall be governed by the applicable laws and regulations and also the policy of ICICI Bank, which may be in force from time
- ICICI Bank reserves the right to reject any Application Form without providing any reason for the same.

 I/We hereby agree and confirm that I/We wish to open an NRE/NROaccount(s) (both Non InterestBearing account (s)) as I/We do not want any interest toaccrue and/or be paid in to this account a I/We further undertake, agree and confirmthat this account shall not be used by me/ us for any business or related transaction(s).
- I/We agree, undertake and authorize:
 - a. ICICI Bank or its agents to make references and enquiries related to information in this Application Form which ICICI Bank or its agents consider necessary for the purposes of account (s) opening, verification with respect to Know Your Customer ("KYC") and/or Anti-money Laundering ("AML").
 - b. To notify ICICI Bank within two weeks, regarding any change in my/our residence / employment address, contact number and e-mail ID for communication as stated in the Application Form for opening the relationship, and provide any other information that ICICI Bank may require from time to time. In case I/ We fail to update the communication address, ICICI Bank disclaims all liabilities resulting from any loss or damage caused to me/ us due to failure and/ or delay in the delivery of the I-Kit, cheque book, debit card, Internet banking user ID/password, etc. to the prior address.
 - c. ICICI Bank to exchange, share or part with all the information relating to my / our loan / investment /credit facility/account details and repayment history and/or any information whatsoever relating to my / our personal data accounts, transactions, or dealings with/ to other ICICI Bank, its group companies (including any affiliates and subsidiaries) / banking financial institutions / credit bureaus /agencies / statutory bodies, wherever located (including any disclosure of my/ our information to any national or located governmental or regulatory or statutory or judicial authorities and any agent or contractor engaged to perform services for ICICI Bank's benefits) for the purposes of administration of my/our account and facilities extended to me/us hereunder, as may be required under applicable laws and regulations and I/We shall not hold ICICI Bank or its group companies/ subsidiaries or affiliates liable for use of any such information. To inform ICICI Bank, of any changes in my passport/visa validity or number as and when these changes happen.

 - ICICI Bank to have the right and authority to carry out investigations and seek information from the government/local authorities/credit bureaus/agencies etc. for confirming the information provided by me/us to ICICI Bank or my/our credit standing from anyone as ICICI Bank may consider appropriate (such as a regulatory or legal authority or credit reference agency).
 - ICICI Bank to use my/our information to administer my/our account (s) and for other business purposes including credit, address verification, or in relation to compliance with any AML/KYC requirements.

I/We agree that no claim will be made by me /us for any interest on any deposit/s for any period after date/s of maturity of the deposit/s except as provided by RBI under the regulations for such products/deposits availed.

For the documents in a foreign language other than English, I permit ICICI Bank and its officers to verify the details of the document by using translation of external sources which are available in public domain and also the use of external agencies wherever applicable. In consideration of the same, I hereby keep ICICI Bank and its successors and its officers saved against all losses and damages arising out of the information shared with these external agencies.

1 / We shall not make available to any person resident in India, foreign currency against reimbursement in Indian Rupees ("INR") or any other manner in India. I/We understand and

acknowledge that in case I/We instruct ICICI Bank for any conversion of my/our remittance/s from one currency to another, either for booking of a deposit or for such other permissible purposes as permitted under FEMA, the currency conversion risk shall solely be borne by me/us.

I /We would confirm that all debits to my / our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India are covered either by general or special permission of the RBI.
I /We authorize ICICI Bank to issue an ICICI Bank debit cum ATM card to me/us.

I/We authorize ICICI Bank to issue an ICICI Bank debit cum AT Micard to me/us.
I/We acknowledge that the usage of this card is governed by the terms and conditions which are liable to be amended by ICICI Bank from time to time. I/We acknowledge that it is my/our responsibility to obtain a copy of and read the same. I / We further unconditionally and irrevocably authorize ICICI Bank to debit my/our account annually with an amount equivalent to the fee and charge for use of the debit card.

The terms and Conditions of Debit Card- Member agreement governs the use of my/our card(s).

I/ We hereby undertake and confirm that I/ we understand and are aware that the non chip debit card issued with the I-kit of my/ our NRE account cannot be used for any international transactions. In the event that I/We intend to use the debit card for international transactions, I/we shall apply for an EMV chip debit cardwith ICICI Bank to ensure safety and security of all such transaction(s).

l/We hereby confirm that all accounts under this Customer ID are operated singly and in case of joint account operated by either or survivor/anyone or survivor(s).

I/We hereby confirm that an accounts under this customer ID are objected shighly and in case of joint account operated by either or survivor(s).

I/We hereby confirm the responsibility for maintaining a minimum average balance ("QAB") during any financial year quarter. Failure to maintain the prescribed QAB may attract service/ QAB charges and such charges may be deducted by ICICI Bank from my/our account (s) held in my/our customer ID.

I/We hereby authorize issuance of ATM/Debit Card and provision of Internet Banking Services and Phone Banking Services as above.

ICICI Bank will not be responsible for any loss or damage due to loss or miscarriage of the cheque(s) or for any delay in collection, transmission and otherwise of any remittance

howsoever caused. If any instrument(s) for collection is /are returned unpaid at any time the returning and charges may be debited to my/our account. If any cheque /draft credited to my /our account provisionally prior to final realisation under ICICI Bank's special cash letter services is returned unpaid, the amount may be recovered from my/our account at the appropriate exchange rate along with interest applicable at such rates as may be decided by you. I /We undertake to refund the amount, if already drawn by me /us, immediately on demand if our account does not have sufficient balance to recover the amount with interest and/or any other charges.

*Insurance declaration for customers of NRI PREMIA Account:

I/We hereby confirm the responsibility for maintaining a minimum average balance ("QAB") during any financial year quarter. Failure to maintain the prescribed QAB may attract service / QAB charges and such charges may be deducted by ICICI Bank from my / our account (s) held in my / our customer ID." with "I/We hereby confirm the responsibility for maintaining a minimum average balance ("MAB") during all month(s) in the financial year. Failure to maintain the prescribed MAB may attract service / MAB charges and such charges may be deducted by ICICI Bank from my / our account (s) held in my / our customer ID."

understand and agree that depending on my current or permanent country of residence, free Insurance cover might not be available to me/us at all times.

I/ We have read other terms and conditions of NRI PREMIA account and other products & services specific terms and conditions available and updated on the Website

Due to regulatory restrictions in certain countries and ICICI Bank's policies, insurance cover may not be provided/ made available in all jurisdictions/ geographies. I/We

from time to time and I/ We agree to abide and be bound by them.

We have received a copy of tariff guide/Schedule of Charges, as available on the Website and in the brochure. I/We have read and understood the contents of the brief Schedule of Charges provided in Tariff guide and detailed Schedule of Charges as set forth on the Website and agree to abide by the same, subject to changes made thereto by ICICI Bank

 $The Terms and Conditions are as per current regulatory environment, the same are bound to change without prior notice as per changes in the regulatory framework. \\ In case of Bangladesh or Pakistan's Citizens, I/We have obtained specific approval from the Reserve Bank of India to open the accounts for Non Resident Indians and a copy of the properties of the properties$ same has been submitted along with my/our Application Form.

- a. Politically Exposed Persons ("PEP/s"): Politically exposed person are individuals who are or have been entrusted with prominent public functions in a foreign country. Examples of PEPs include, but is not limited to: (i) Heads of States or of Governments (ii) Senior politicians (ii) Senior government /Judicial /Military officers (iv) Important political party officials. The term PEP also include the families and close associates of the PEPs mentioned above
- b. Families: The term families includes close family members such as spouse, children, parents and siblings and may also include other blood relatives and relatives by marriage
- c. Close Associates: The term closely associated persons in the context of PEPs includes close business, Colleagues and personal advisors/consultants to the PEP as well as persons who benefit significantly from being close to such a person.
- * Disclamer: ICICI Bank reserves the right to withdraw, alter, amend, or revise any policy, benefit or feature of NRI PREMIA product as also alter any of these terms and conditions and may notify the customer of changes to the terms and conditions in any manner it considers appropriate. Depending on the customer's current or permanent country of residence, free Insurance cover might not be available to a customer in all jurisdictions/ geographies. The insurance cover will be provided by ICICI Lombard General Insurance Company Limited ("ICICI Lombard") and ICICI Bank does not assure or certify the services of ICICI Lombard and shall not be held liable for any claims/damages/ losses which may accrue to the customers on account of deficiency in services by ICICI Lombard. The customer has the option to opt for the insurance cover. The NRI PREMIA product is available without insurance cover also. Please contact ICICI Bank for more details

lo divalidado vitino de inicarino do vor alcontrio de banktor inicio do dallo
2. CLIENT DECLARATION FOR PRODUCT AND SERVICES AVAILED OUTSIDE THE HOME COUNTRY (IF APPLICABLE)
ICICI Bank Limited
I/We hereby certify that I am/ we are resident(s) of and that I/ we have availed of this product/facility/service from ICICI Bank Limited ("ICICI Bank") while in India and executed all documents relating to such product or service while in India.
I/We hereby represent, warrant, agree and undertake on a continuing basis that: a) There are/ shall be no legal or regulatory prohibitions or impediments, as per the laws of my/ our home country, against my/ our maintaining my/ our relationship with ICIC Bank, including availing the aforementioned products/facilities/services from time to time;
b) In availing the aforementioned products/facilities/services from time to time I/ we shall ensure that I/ we are in full compliance with all laws and regulations, including without limitation, all applicably exchange control/ taxation laws/regulations in my/ our home country. I/ We shall obtain all necessary regulatory approvals, if required, it connection with any such transactions and shall promptly make all necessary regulatory reporting, as and when required, to the relevant authorities in my/ our home country or any other country of residence where I / we may relocate to in future and I/we agree to furnish to ICICI Bank, upon request copies of the approvals/reports, if any. c) All decisions to avail the aforementioned products/facilities/services from time to time are/ shall be my/our own independent decisions, and are not/ shall not be made in reliance on any views or opinions, if any, as may be expressed by ICICI Bank or its representatives from time to time, and are/ shall be arrived at after personal analysis and careful consideration of the risks, benefits, terms and conditions taking into account my/ our investment objectives, financial situation and particular needs. d) I/We shall not use the products/facilities/services availed from ICICI Bank in any manner which may subject ICICI Bank to the laws and regulations, including but not limited.
to any applicable tax laws of any country other than India. e) I/we shall be solely responsible for complying with all laws and regulations applicable in my/our home country or any other country of residence where I/we may relocate in future, with respect to the products/facilities/services availed from ICICI Bank.
f) I/We are aware that the products/facilities/services availed by me/us while in India may or may not be serviced by the offshore branches/ representative offices subsidiaries of ICICI Bank located outside India.
I hereby request ICICI Bank its affiliates, representatives, associates, service providers and employees of ICICI Bank and its affiliates, to contact me by telephone, or otherwise communicate with me from time to time in connection with servicing issues pertaining to the relationship which I have with the ICICI Bank/ its affiliates from time to time. It addition to the above, ICICI Bank, its affiliates and representatives, associates, service providers and employees of ICICI Bank and its affiliates may contact me from time to time by telephone, or otherwise communicate with me in connection with new products/services of ICICI Bank/ its affiliates. I/We shall indemnify ICICI Bank, its affiliates, representatives, employees and agents against all losses, costs, expenses, suits, damages whatsoever arising out or in connection with their assistance and their services that may be provided to me/us for availing the aforementioned products/facilities/services. I/We acknowledge that ICICI Bank relies on my/our representations, warranties, undertakings and statements contained herein in agreeing to establish/ continue its relationship with me/us and in agreeing to provide the aforementioned products/facilities/services to me/us from time to time. I/We have read and made the various declarations set forth as well as in the above sections 1 to 3 and hereby agree to all the terms and conditions and will abide by them.
3. PERSON OF INDIAN ORIGIN (PIO) / OVERSEAS CITIZEN OF INDIA (OCI)
I/We hereby declare that I am a person of Indian origin/ and I satisfy one of the following conditions. (Please pick
the choice) applicable to you:
I held an Indian passport in the past ☐ My father / mother / grandfather / grandmother (name) is / was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955 ☐ I am the spouse of an Indian citizen ☐ The father / mother / grandfather / grandmother (name) of my spouse is / was a
citizen of India by virtue of the Constitution of India or the Citizenship Act, 1995
4. SEAFARERS ACCOUNT OPENING DECLARATION (IF APPLICABLE)
I hereby declare and confirm that I am a Non-Resident Indian and I am presently / was on contract with(company) registered in
(address of the principal). I request you to open a NRE Savings Account in my name on the basis of the submitted documents. I also confirm that I will inform the Bank, in case I do not renew my contract or choose to go on a new contract OR I am unable to proceed on a new contract or in any case in the event that my status of Non-Resident Indian is altered. Accordingly, I will have the Non-Resident accounts opened in my name redesignated to Resident / RFC accounts (as applicable).
5. DECLARATION ABOUT EXISTING RELATIONSHIPS WITH THE BANK (AS PRIMARY APPLICANT ONLY) (MANDATORY)
☐ I do not have any other account with ICICI Bank — I have the following accounts with ICICI Bank (use additional sheet if necessary) ☐ I have following Account with ICICI Bank which I want to convert to NRO Savings Account
Account No. Account Type:
Account No. Account Type:
6. DECLARATION FOR RECEIVING INFORMATION ON PRODUCTS, OFFERS AND SERVICES
Please tick Yes or No as acceptable to the applicant(s) Yes No
I / We have no objection in ICICI Bank Limited, its group companies, agents / representatives to provide me / us information on various products, offers and services provided by ICICI Bank Limited / its group companies through any mode (including without limitations through any mode).

and will abide by them.

telephone calls / SMSs / emails) and authorise ICICI Bank Limited, its group companies, agents / representatives for the above purpose. I / We have read and make the various declarations set forth in sections 1 to 7 of this form and hereby agree to all the terms and conditions

RE Savings A/c No: RO Ro Ro Savings A/c No: Ro R	RE Savings A/c No: RO Savings A/c No: RO Savings A/c No: We harder s Name: We harder system to issue the Mandate Holder facility on the above account numbers to: Name of Mandate Holder: Mr. Ms. Dr.	1. THE MANDATE LETT	ER (For non-resident indiv	idual accou	int holders) ONI	LY A RES	SIDENTI	NDIV	IDUAL	_ CAN	RF	IHE	IVIAI	NDA	IE H	OLL	EK
RO Savings A/c No: Fanch in which A/c is held //c Holder's Name: //e Horder's Name: //e Holder's Name: //e Date of Birth: //e Date of Birth:	RO Savings Aro No: ranch in which Ark is held Ve Holider's Name: We hereby request you to issue the Mandate Holder facility on the above account numbers to: Name of Mandate Holder: Mr. Name of Mandate Holder: Mr. Substances in Heapton Which Are Marken Maiden Name: LID No.: *Marriad Status: Single Marriad *Gender: / / Date of Issue: LID No.: *Marriad Status: Single Marriad *Gender: / / PAN Jame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) PAN Jame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) 2. COMMUNICATION ADDRESS (PROOF IS MANDATORY) Lose No.: Building Level-Floor Transis Name: Landmark Locality: City: Country: Jame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) *Street No.: *Street No.: Landmark Locality: City: Country: Jame of Mandate Holder to be embossed on the ATM card (To be filled by the customer) *Street No.: Landmark Locality: City: Country: Jame of Mandate Holder to be embossed on the ATM card (To be filled by the customer) *Street No.: Landmark Locality: City: City: Country: Jame of Mandate Holder to be embossed on the ATM card (To be filled by the customer) *Street No.: Landmark: Locality: City: City: Country: Jame of Mandate Holder to be embossed on the ATM card (To be filled by the customer) *Street No.: *TelRiss.: *Jame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) *A VOUR OCCUPATION AND ACCOUNT ACTIVITY* (MANDATORY) (For minor / housewife provide details of guardian / husband) Occupation: Jame of the Mandate Holder to City and the Atm card (To be filled by the Customer) Mondate of the Mandate Holder to City and the Atm card (To be filled by the Customer) Jame of the Mandate Holder to City and the Atm card (To be filled by the Customer) Jame of the Mandate Holder to be embossed on the Atm card (To be	Date: D D M M Y															
ranch in which A/c is held //c Holder's Name: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the	Country: City: Country: Signard States: Street No: Termise Name: Street No: Landmark Locality: City: Country: Signard States: Street No: Street No:	NRE Savings A/c No:															
ranch in which A/c is held //c Holder's Name: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //we hereby request you to issue the Mandate Holder facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the facility on the above account numbers to: //which is the facility of the	Country: City: Country: Signard States: Street No: Termise Name: Street No: Landmark Locality: City: Country: Signard States: Street No: Street No:	JRO Savings A/c No:															
No hereby request you to issue the Mandate Holder facility on the above account numbers to: Name of Mandate Holder: Mr. Ms. Dr. Ms. Ms. Dr. Ms. Ms. Dr. Ms. Ms. Dr. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms. Ms	We herely request you to issue the Mandate Holder facility on the above account numbers to: Names of Mandate Holder: Mr. Ms. Dr.		hald														
We hereby request you to issue the Mandate Holder facility on the above account numbers to: Name of Mandate Holder: Mr. Ms. Dr.	We hardly request you to issue the Mandate Holder facility on the above account numbers to:		eid														
Name of Mandate Holder: Mr. Ms. Dr.	Name of Mandate Holder: Mr. Serior Santanasoro Serior Santanasor		uto issue the Mandate Hol	der facility	on the above a	count n	umhers	to:									
**Bather's Name: **Mother's Maiden Name: **Mother's Maiden Name: **Martial Status: Single Married **Gender: **If */ If */ I	Father's Name:	Name of Mandate Hold		F I F	S T												
*Mother's Maiden Name: *Mother's Maiden Name: *Marriad Status: Single Married *Gender: / / Date of Issue: D M M Y Y Place of Issue: Expiry Date: D M M Y Y Y PAN ame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) **Country: Street No.: D M M M M M M M M M	Fether's Name: "Mother's Maiden Name: "Mairtial Status: Single Married "Gender:	Same as in Passport)						*Dat	e of B	irth:							
Email ID: C A P I T A L L E T T E R S O N L Y PAN ame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) 2. COMMUNICATION ADDRESS (PROOF IS MANDATORY) ouse No.: Building Level /Floor remise Name: treet Name: Locality: 2ip Code: al (Office): Cool and so do Ar as co do N u r b d x *Tel (Res.): Cool and so do N u r b d x I series Name: treet Name: Building Level /Floor *Street No.: Locality: Clountry: al (Office): Cool and so do Ar as co do N u r b d x *Tel (Res.): Cool and so do N u r b d x I series Name: Country: Street No.: Locality:	Date of Issue:	Father's Name:			*Mother's M	aiden N	ame:										
Email ID: C A P I T A L L E T T E R S O N L Y PAN ame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) 2. COMMUNICATION ADDRESS (PROOF IS MANDATORY) ouse No.: Building Level /Floor remise Name: treet Name: Locality: 2ip Code: al (Office): Cool and so do Ar as co do N u r b d x *Tel (Res.): Cool and so do N u r b d x I series Name: treet Name: Building Level /Floor *Street No.: Locality: Clountry: al (Office): Cool and so do Ar as co do N u r b d x *Tel (Res.): Cool and so do N u r b d x I series Name: Country: Street No.: Locality:	Date of Issue:	UID No. :			*Marital Stat	us: S	ingle	Marr	ied			×	Geno	der :	M /	F	/ [
ame of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) 2. COMMUNICATION ADDRESS (PROOF IS MANDATORY) Street No.: Building Level /Floor Tremise Name: Landmark Locality: City: Street No.: 2. Country: 2. Country: 2. Country: 3. PERMANENT ADDRESS (PROOF IS MANDATORY) is mandatory to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor Fax: Country co de Ar es co de N u m b a r Street No.: Landmark: Locality: Country: Street No.: Landmark: Locality: Tremise Name: Landmark: Locality: Locality: Locality: City: Fax: Country co de Ar es co de N u m b a r Fax: Country co de Ar es co de N u m b a r Fax: Country co de Ar es co de N u m b a r Fax: Country co de Ar es co de N u m b a r Fax: Country co de Ar es co de N u m b a r Fax: Country co de Ar es co de N u m b a r	Email ID:		M M Y Y Y Pla	ice of Issue				F	xpirv	Date:							
Anne of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) 2. COMMUNICATION ADDRESS (PROOF IS MANDATORY) Sure No.: Building Level /Floor Street Name: Locality: City: City: Country: Blicontry co do Ar as co do N u m b a r *Tel (Res.): Country to provide your permanent address, however if it is same as current address in section 2, please tick here louse No.: Building Level /Floor Building Level /Floor Street No.: Landmark: Locality: Street No.: Landmark: Locality: Street No.: Landmark: Locality: City: Street No.: Landmark: Locality: Street No.: Landmark: Locality: City: Street No.: Street No.: Fax: Country to de Ar as co de N u m b a r *Tel (Res.): City: Country: Street No.: Landmark: Locality: Street No.: Landmark: Locality: City: Street No.: Street No.: Landmark: Locality: City: Street No.: Landmark: Locality: City: Street No.: Fax: Country to de Ar as co de N u m b a r *Tel (Res.): City: Street No.: Fax: Country to de Ar as co de N u m b a r *Tel (Res.): Country: Street No.: Fax: Country to de Ar as co de N u m b a r *Tel (Res.): Country: Street No.: Street No.: Street No.: Street No.: Fax: Country to de Ar as co de N u m b a r *Tel (Res.): Country: Street No.:	Anne of the Mandate Holder to be embossed on the ATM card (To be filled by the customer) 2. COMMUNICATION ADDRESS (PROOF IS MANDATORY) Iouse No.:			_ _ _													
Building Level /Floor cremise Name: City: Country: Clouding Country to de Ar ea co da N u m b a r *Tel (Res.): Country to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor Building Level /Floor Street No.: Landmark Locality: *State: Zip Code: Building Level /Floor Street No.: Landmark: Locality: Landmark: Locality: Landmark: Locality: Street No.: Landmark: Locality: City: Street No.: City: Fax: Country: Street No.: Landmark: Locality: City: Street No.: Landmark: Locality: Street No.: Landmark: Locality: City: Street No.: City: Fax: Country: Street No.: City: Street No.: Fax: Country: Street No.: City: Street No.: City: Street No.	2. COMMUNICATION ADDRESS (PROOF IS MANDATORY) louse No.:			TER	S O N L	Y		P	'AN								
Building Level /Floor remise Name: treet Name: City: City: Country: al (Office): Country co de Ar as co de N u m b e r *Tel (Res.): Teret Name: City: Street No:: Landmark Locality: Locality: Abobile: Country co de Ar as co de N u m b e r *Tel (Res.): Street No:: Building Level /Floor Teret Name: Landmark Locality: Street No:: Building Level /Floor Teret Name: Landmark: Landmark: Landmark: City: Street No:: Teret Name: Landmark: Landmark: Locality: Street No:: Teret Name: Landmark: Locality: Teret Name: Landmark: Locality: Street No:: Teret Name: Landmark: Landmark: Locality: Teret Name: Landmark: Landmark:	Tree Name: City: Country: Country: City: Country:	ame of the Mandate He	older to be embossed on t	the ATM ca	rd (To be filled b	by the cu	ustomer)										
Building Level /Floor remise Name: treet Name: City: City: Country: al (Office): Country co de Ar as co de N u m b e r *Tel (Res.): Teret Name: City: Street No:: Landmark Locality: Locality: Abobile: Country co de Ar as co de N u m b e r *Tel (Res.): Street No:: Building Level /Floor Teret Name: Landmark Locality: Street No:: Building Level /Floor Teret Name: Landmark: Landmark: Landmark: City: Street No:: Teret Name: Landmark: Landmark: Locality: Street No:: Teret Name: Landmark: Locality: Teret Name: Landmark: Locality: Street No:: Teret Name: Landmark: Landmark: Locality: Teret Name: Landmark: Landmark:	Tree Name: City: Country: Country: City: Country:																
treet Name: City: Country: Clid (Office): Country co de Ar ea co de N u m b a r *Tel (Res.): Country to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor Termise Name: City: *State: Country to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: City: *State: Country: City: City: *State: Country: City: Country: City: Country: City: Country: City: Country: Country: City: Country:	remise Name: treet Name: Landmark Locality: City: Country: City: Country: Coun	2. COMMUNICATION	ADDRESS (PROOF IS MAN	NDATORY)													
treet Name: Locality: Locality: Locality: Zip Code: All (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r S. PERMANENT ADDRESS (PROOF IS MANDATORY) Is mandatory to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor Street No.: Landmark: Locality: Locality: Street No.: Locality: City: *State: Country: Zip Code: al (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r	treet Name: Landmark Locality:	ouse No.:	Building Level /Flo	oor													
City: Country:	City: "State: Zip Code: Zip	remise Name:							Stree	et No.	:						
City: Country: Clip Code: Country: Country	City:	treet Name :															
Country: Zip Code: Zip Co	Country: Cip Code:					Locali	ty:										
All (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r *Tel	A COULTY: City:																
Mobile: Country co de Fax: Country co de Ar ea co de N u m b e r B. PERMANENT ADDRESS (PROOF IS MANDATORY) is mandatory to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor remise Name: Street No.: Landmark: Locality: City: *State: Country: Zip Code: Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r	Fax: Cool and Co																
B. PERMANENT ADDRESS (PROOF IS MANDATORY) is mandatory to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor remise Name: Landmark: Locality: City: *State: Country: A gip Code: Pel (Office): Country code Area code Number Fax: Country code Area code Number F	3. PERMANENT ADDRESS (PROOF IS MANDATORY) 1. Is mandatory to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level/Floor																
is mandatory to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor Tremise Name: Street No.: Landmark: Locality: City: Zip Code: El (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Mobile: Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r	is mandatory to provide your permanent address, however if it is same as current address in section 2, please tick here ouse No.: Building Level /Floor	Mobile: Country co d			Fax: Coulntry												
ouse No.: Building Level /Floor remise Name: treet Name: Landmark: Locality: City: *State: Country: Zip Code: El (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Mobile: Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r	Building Level /Floor Tremise Name: Street No.: Landmark: Locality: Zip Code: Street No.: A Country: Street No.: Street No.: Landmark: Locality: Street No.: Street No.: Landmark: Locality: Street No.: Stooder of the No. I as so do A so od N. I as so do N			-													
remise Name: treet Name: Landmark: Locality: City: *State: Zip Code: el (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r	Tremise Name: Itreet Name:				er if it is same as	curren	t address	s in se	ection	2, ple	ase	tick	here				
treet Name : Landmark: Locality: City: *State: Zip Code: el (Office) : Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r	treet Name: Landmark: Locality:		Building Level/110)01					Stree	et No							
City: *State: Zip Code: el (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r	City:					La	andmark		Otro	110.	_						
City: *State: Zip Code: el (Office): Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r	City:																
Mobile: Country co de Ar ea co de N u m b e r *Tel (Res.): Country co de Ar ea co de N u m b e r Fax: Country co de Ar ea co de N u m b e r	el (Office): Country co de Ar es co de N u m b e r *Tel (Res.): Country co de Ar es co de N u m b e r Mobile: Country co de Ar es co de N u m b e r *Tel (Res.): Country co de Ar es co de N u m b e r 4. YOUR OCCUPATION AND ACCOUNT ACTIVITY* (MANDATORY) (For minor / housewife provide details of guardian / husband) Occupation: a) If Salaried, employed with Proprietorship Partnership Pvt Ltd Public Ltd Public Sector Government Multinational Db If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac 50 Lac 1 CR > 1 CR 1 CR to 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER	City:			*State:		,										
Mobile: Country co de	Mobile: Country co de	Country:			Zip Cod	le:											
	4. YOUR OCCUPATION AND ACCOUNT ACTIVITY* (MANDATORY) (For minor / housewife provide details of guardian / husband) Occupation: a) If Salaried, employed with Proprietorship Partnership Pvt Ltd Public Ltd Public Sector Government Multinational Discrete Stock Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac to 1 CR > 1 CR 1 CR to 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER Identity proof: Expiry Date MM M Y Y Y	el (Office) : Country co			*Tel (Res.):												
	4. YOUR OCCUPATION AND ACCOUNT ACTIVITY* (MANDATORY) (For minor / housewife provide details of guardian / husband) Occupation: a) If Salaried, employed with Proprietorship Partnership Pvt Ltd Public Ltd Public Sector Government Multinational Details Sector Government Detai	Mobile: Country co d			Fax: Country												
R. FOOR OCCOPATION AND ACCOUNT ACTIVITY (MANDATORY) (FOI IIIIIIO) / Housewile provide details of guardian / Husband)	. Occupation: a) If Salaried, employed with Proprietorship Partnership Pvt Ltd Public Ltd Public Sector Government Multinational Oblif Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac to 1 CR > 1 CR 1 CR to 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER Identity proof:	<i>-</i>		/* /N// NID /	TODY) /For min	or / hou	sowife n	rovida	o dota	ile of	allo	dia	n / hı	ıcha	nd)		
	a) If Salaried, employed with Proprietorship Partnership Pvt Ltd Public Ltd Public Sector Government Multinational of b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac 50 Lac Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER Identity proof: Expiry Date Demonstrate Multinational Quantity Post Lac 10 Lac 1		AND ACCOUNT ACTIVITY	IVIAINDA	Orti / (For IIIII)	JI / 110U	sewiie p	JVIU	o uelâ	ins UI	yudl	uidl	ir/Al	มอมปั	iiu)		
	If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student . Education Under Graduate Graduate Post Graduate Professional . Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac 50 Lac 10 CR 10 CR GREATER THAN 10 CR . Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER . Identity proof : Expiry Date D M M Y Y Y				p	ublic Lie	i rubii	10 3601	OI _	Gover	IIIIIE	iii.	IVIU	ııııaı	IOHai		υu
	Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac 50 Lac 10 CR 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER Identity proof: Expiry Date D M M Y Y Y	Manufacturing	Trading Service	es Reta	iling Agric	ulture	Stoc	k Brok	cer	R	Real I	Esta	te	0	thers	3	
b) If Self Employed, and If in Business, nature of Business	c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac to 1 CR > 1 CR 1 CR to 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER Identity proof : Expiry Date M M Y Y Y	If Professional, type	e of Profession														
b) If Self Employed, and If in Business, nature of Business Manufacturing Services Retailing Agriculture Stock Broker Real Estate Others	. Education Under Graduate Graduate Post Graduate Professional . Gross Annual Income (₹)	Doctor	CA/CS Lawyer	r Arch	itect Consu	ıltant	Engin	eer	0	thers	(Pls	spe	cify)_				
b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession	. Gross Annual Income (₹)	c) If Others House	ewife Retired	Stude	ent												
b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify)	25 Lac to 50 Lac 50 Lac to 1 CR > 1 CR 1CR to 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER Identity proof : Expiry Date D M M Y Y Y	Education Under	Graduate Graduate	Pos	st Graduate	Professi	onal										
b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student	Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER Identity proof: Expiry Date D D M M Y Y Y										5 La	ac to	20 L	ac	20) La	c t
b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹)	. Identity proof : Expiry Date D D M M Y Y Y					stment	Inheri	tance	R	lent	Pe	ensi	on				
b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac 25 Lac to 50 Lac 50 Lac 50 Lac Agriculture Investment Inheritance Rent Pension	. Identity proof : Expiry Date D D M M Y Y Y	5. KYC DOCUMENT M	ANDATE HOLDER														
b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac 15 Lac 15 Lac 20 Lac to 20 Lac to 25 Lac to 50 Lac 50 Lac to 1 CR Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify)			ALL HOLDEN							_							
b) If Self Employed, and If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture Stock Broker Real Estate Others If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant Engineer Others (Pls specify) c) If Others Housewife Retired Student Education Under Graduate Graduate Post Graduate Professional Gross Annual Income (₹) < 1 Lac 1 Lac to 5 Lac 5 Lac to 10 Lac 10 Lac to 15 Lac 15 Lac to 20 Lac 20 Lac to 25 Lac to 50 Lac 50 Lac 50 Lac 10 CR GREATER THAN 10 CR Source of Funds Salary Business Income Agriculture Investment Inheritance Rent Pension Funds from family members Others (Pls specify) 5. KYC DOCUMENT MANDATE HOLDER		. identity proof :										licable)					

- 1. I/We hereby authorise the mandate holder
 - to draw cheques on the account for local payments a)
 - $to \ deposit \ that \ cheques \ eligible \ to \ be \ deposited \ in \ the \ NRE \ account \ on \ behalf \ of \ the \ account \ holder(s) \ has \ permitted \ by \ RBI \ regulations$
 - to make NRE fixed deposits from balances available in the account in account holder(s) names under the same customer ID and renew such deposites for such periods as may be given in writing by the mandate holder c)
 - to operate the account to facilitate making investments in India, applicable wherein the account holder(s) or a bank designated by the account holder(s) is eligible to make investments in India d)
- Investination in the string in investination in the string investigation i
- ${\rm I/We\ declare\ that\ as\ per\ Exchange\ Control\ guidelines\ is sued\ by\ RBI}$
 - a) the mandate holder can exercise the authority conferred by this letter to withdraw for local payments only, and make investment in India where I / we hold general permission or have obtained specific permission from RBI.
- b) the mandate facility permits the mandate holder to remit funds in foreign currency to the account holder(s).

Management Act, 1999 and all regulations thereof, including the Foreign Exchan known to the mandate holders the specific uses of the ATM Card as per the said Reg I / We hereby undertake to indemnify ICICI Bank against any loss, damage, claim, Bank on account for any activity undertaken by the mandate holder by the use of the 5. The specimen signature of the mandate who has been authorised to operate upon t6. This authority shall continue in force until I / we expressly revoke it by a notice in wri I have read and understood all the conditions stated above and hereby agree to comply	action, proceedings, costs, charges and expenses that may be suffered or incurred by ICICI e ATM Card. the account is given below. The signature has been duly attested and verified by me/us. iting delivered to you.
I / We have read and understood all the conditions stated above and here	by agree to comply with same and I / We attest and verify the above signature.
(x) Signature of Primary Applicant (x) Signature	of Joint Applicant 1 (x) Signature of Joint Applicant 2
Documents Required For Mandate Holder	
 Identity Proof Documents (Attach any of them) Valid Passport with photograph & signature Driving license issued by regional transport authority PAN Card issued by Income Tax Dept /UTITSL/ NSDL Voter ID card Job card issued by NREGA duly signed by an officer of the State Government Aadhaar letter card issued by Unique Identification Authority of India (UIDAI) 	 2. Address proof Documents (Attach any of them) Valid Passport Driving license issued by regional transport authority Voter ID card Job card issued by NREGA duly signed by an officer of the State Government Aadhaar letter card issued by Unique Identification Authority of India (UIDAI)
FOR INTER	NAL USE ONLY
Savings Account No: (to which the ATM Card will be linked)	
Primary Account Holder's Name:	
Verified by: Signature	Seal Mandate Customer ID: