

APPLICATION FOR INTERNET BANKING, PHONE BANKING AND MOBILE BANKING

Date:

D	D	M	M	Y	Y	Y	Y
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DP ID:

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Client ID:

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(All fields with * are mandatory to be filled.)

First Name *

Middle Name *

Surname *

Name of the applicant: Mr./Ms./Mrs.

Mailing Address *

City *

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 Pin *

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[illegible]

Mother's Middle name *

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 Date of birth *

D	D	M	M	Y	Y	Y	Y
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[illegible]

Instructions

l) In case of joint accounts, the applicant is required to obtain the attached mandate from the joint account holder(s).

II) ICICI Bank account holders can access their bank accounts through ICICI Bank Internet Banking only where the mode of operation of ICICI Bank account is Single/Either or Survivor/Anyone or Survivor.

Please tick of the following:

- ☐ I want to apply for ICICI Bank Internet Banking and/or Phone Banking and link my account(s), as mentioned below, to my User ID.
- ☐ I have an Internet Banking User-ID, but do not remember it and I want it to be resent to me along with password.
- ☐ I want to apply for ICICI Bank Mobile Banking Service in respect of my account(s), as mentioned below. I wish to subscribe to all the alerts as are displayed on the website www.icicibank.com as applicable to my account(s) mentioned below.
- ☐ I have Relationship number for Phone Banking, but do not remember it and I want it to be resent to me along with password.
- ☐ My existing Internet Banking User-ID is _____ and/or Relationship number for Phone Banking is _____ and I want to link my account(s), as mentioned below, to it.

[Please fill account details below]

ACCOUNT DETAILS:

I confirm that I am the sole account holder or I have the required mandate from the joint account holder(s) to singly operate the accounts.

Bank A/c No./Credit Card No./DP ID Demat A/c No./Loans Against Securities A/c No.	Name of the Branch	Mode of Operation (tick one)	Service to be Subscribed (strike off the Option not to be applied)	Customer ID (For Official use only)
		* Single * Joint	Internet/Mobile/Phone Banking	
		* Single * Joint	Internet/Mobile/Phone Banking	
		* Single * Joint	Internet/Mobile/Phone Banking	

Acknowledgement

We have received your request for change in Application for Internet Banking, Phone Banking and Mobile Banking.

DP ID:

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Client ID:

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Demat Account Holder's Name

Received by

Bank Official Signature _____ Branch _____ SR No _____

Date DDMMYY

Declaration:

- I) I affirm, confirm and undertake that I have read and understood the Terms and Conditions for usage of the Internet Banking, Phone Banking and/or Mobile Banking service of ICICI Bank Limited and I am aware of Charges Applicable for the Mobile Banking Service, as set forth in www.icicibank.com, and that I agree on my own behalf, or as the mandate holder on behalf of the joint account holders, and will adhere to all the terms/conditions of opening/ applying/ availing/ maintaining/ operating (as applicable) for usage of the Internet Banking, Phone Banking and/or Mobile Banking service of ICICI Bank Limited as may be in force from time to time. I further authorize ICICI Bank Limited to debit my Account(s) towards any Charges for Mobile Banking Service.
- II) I declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I, and other joint accountholders have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide any further information that ICICI Bank Ltd./its Group Companies may require.
- III) I agree and understand that ICICI Bank Ltd/ Group Companies reserve the right to reject any application without providing any reason. I agree and understand that ICICI Bank Ltd/its Group Companies reserve the right to retain the application forms, and the documents provided therewith, including photographs, and will not return the same to me.
- IV) I authorize ICICI Bank Ltd./ its Group Companies or their agent to make references and enquiries which ICICI Bank Ltd/its Group Companies consider necessary in respect of or in relation to information in this application/further applications. I agree and hereby authorise ICICI Bank Ltd/its Group Companies to exchange, share or part with all the information, data or documents relating to my /our application to other ICICI Group Companies/ Banks/ Financial Institutions/ Credit Bureaus/ Agencies/ Statutory Bodies/such other persons as ICICI Bank Ltd/its Group Companies may deem necessary or appropriate as may be required for use or processing of the said information/data by such person/s or furnishing of the processed information/data/products thereof to other Banks/Financial Institutions/credit providers/users registered with such persons and shall not hold ICICI Bank Ltd/ its Group companies liable for use of this information.
- V) I agree and understand that I have to complete further applications for specific liability products/services from ICICI Bank Ltd/its Group Companies, as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application (and vice versa), and that unless otherwise disclosed in such further forms as prescribed, the particulars and information set forth herein as well as the documents referred or provided herewith are true, correct, complete and up-to-date in all respects. I agree and understand that such further applications will require incorporation of the application form number, and/or such details as ICICI Bank may prescribe, to facilitate data management.

Date:

D	D	M	M	Y	Y	Y	Y
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Place:

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SIGNATURE OF SOLE/FIRST HOLDER

LETTER OF MANDATE FOR INTERNET, MOBILE AND PHONE BANKING FACILITIES

(Applicable for linking Joint Bank / Joint Demat and Joint Loans against Securities Accounts)

To,
ICICI Bank Limited,

Dear Sir,

I/We, _____ (All Account holders other than the first holder) _____ the undersigned, am/are the joint account holder(s) of Bank/Loans Against Securities/DP Account No. _____ (the "said account/s" opened/ established with ICICI Bank Limited ("ICICI Bank") along with _____ (name of the first holder). I/We hereby authorize _____ to view/access the said account(s) for and on my/our behalf _____ (name of the first holder).

I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for usage of the Internet Banking, Phone Banking service and/or Mobile Banking service of ICICI Bank Limited, as displayed on the website www.icicibank.com, and that I/we agree to abide by them.

I/We hereby state that should I/we wish to revoke the above authorisation, I/we shall duly issue a letter of revocation ("the revocation letter") to ICICI Banking this regard. I/We hereby agree that until ten days after receipt of such revocation letter, the authorisation as aforestated shall hold good.

Yours faithfully,

Name :

Name :

SIGNATURE OF SECOND HOLDER

SIGNATURE OF THIRD HOLDER

The filled form can be put in the drop box at any ICICI Bank ATM or Branch.