

ICICI Bank Limited, CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai-400072. (Important Note: Please do not send requests directly to this address. Kindly route all your requests through the nearest ICICI Bank Demat Servicing Branches)

Application for change in address (for Non-Individuals Only)												
	ld the demat account(s) linked to the ak	DP ID: Dove-mentioned Client ID and request ICICI nt (if any) based on the information filled in	Client ID:  Bank to update my/our details in the Demat the KRA KYC form.									
	Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder									
For Branch Use Only												
I confirm that and verifie		signed in my presence, all relevant detai	ils are matching in our Bank records									
Name & Er	mployee ID:											
Signature	of the Branch Official:											

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## Know Your Client (KYC) Application Form (For Non-Individuals Only)

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)																					
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. Name of Applicant (Please write complete name as per Certificate of Incorp	puratio	rte	yısıı all	JII, IEW	ing one	, DOX	viaiiK	DEIW	CEII	∠ w0	ius. Pl	ease	uo r	iot a	าทเล	viale	uie N	vaiile	<i>).</i>		
Date of Incorporation dd d/mm//yyyyy	Pla	ice of	Incor	poratio	n																
. Registration No. (e.g. CIN)				Date	of co	mme	ncen	nent	of b	usin	ess	d	d	/ [	m	m	/ [	у	у Гу	/ y	
. Status Please tick (✓) ☐ Private Ltd. Co. ☐ Public Ltd. Co. ☐	Boo	lv Cor	_ porate		Partn	ershi	o [	¬ т	rust	:/Ch	arities	 s / N	GOs	, ,	_	 ] F	ı	) F	II [	П Н	
☐ AOP ☐ Bank ☐ Government Body ☐ Non-Government ☐ Non-G				□ De			_	_								Soci		_	LLP		
i. Permanent Account Number (PAN) (MANDATORY)						Pleas	e en	close	a di	uly a	ttested	d cop	py of	you	r PA	AN C	ard				
3. Address Details (please see guidelines overleaf)																					
. Address for Correspondence																					
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City / Tours / Villago		_		++								+	Doot	100	۵۵			_		+	
City / Town / Village State		$\dashv$	+	++				Cour	ntrv			+	Posta	11 UO	ue			+	+	+	
. Contact Details								ouul	ıuy												
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Mobile (ISD) (STD)		$\dashv$		+ +   '	Fa	1	-/	(ST			$\dashv$	+	+	+				+	+	+	
E-Mail Id.		+		+	1 4.	1.4	- /	,-,-	- 1			+	+	+	$\dashv$		$\dashv$	+		+	
City / Town / Village State  Proof of address to be provided by Applicant. Please subm  *Latest Telephone Bill (only Land Line)   *Latest Electricity   Any other proof of address document (as listed overleaf). ( *Not more than 3 Months old. Validity/Expiry date of proof of address  Other Details (please see guidelines overleaf)  Name, PAN, DIN/Aadhaar Number, residential address (Please use the Annexure to fill in the details)	Bill Delease	*Late speci nitted	est Ba ify)	d /	m	State	emer	nt □ I	Reg	iste	red Le	k (v	e/S	ains ale	st tl	reem	nent o	of Ot	fice F	Prem	
. Any other information:																					
DECLARATION																					
We hereby declare that the details furnished above are tropped to the best of my/our knowledge and belief and I/we uninform you of any changes therein, immediately. In case allowe information is found to be false or untrue or misleatisrepresenting, I am/we are aware that I/we may be held liated.	ndert ny of Iding	ake the or	NA		AU1	ГНС	RI	SEI	•	S)											
s per regulatory guidelines, Demat account name should be AN name. Hence if there is change in existing name, we wil ame available on PAN card in Demat and KRA records.					PER	SO	N(S	S)													
ace: Date:																					
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AC/Intermediary name <b>OR</b> code											Seal/S	Stan	np of					/ sho	uld co	ontain	
☐ (Originals Verified) Self Certified Document copies received													Staff Name Designation								
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(Attested) True copies of documents received																natu					
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