



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)

CHANGE IN NAME FORM

Date:

D	D	M	M	Y	Y	Y	Y
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I/We hold the demat account(s) linked to the above-mentioned Client ID and request ICICI Bank to update my/our details in the Demat account, KRA records and linked trading account (if any) based on the information filled in the KRA KYC form.

Customer Details

DP ID:

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Client ID:

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Request Type

Change of Name - Reason for name change :

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Old Name of applicant (as per Bank's records)	New Name of applicant (to appear in Bank's records)

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

For Branch Use Only

I confirm that the account is active, applicant(s) signed in mypresence, all relevant details are matching in our Bank records and verified by me.

Name & Employee ID: _____

Signature of the Branch Official: _____

KYC Details Change form (For Individuals Only)

Application No. :

Please fill this update / modification form in ENGLISH and in BLOCK LETTERS (Please strike off Sections that are not used).

A Name of Applicant(Mandatory as per original KYC records)

Title☐ Mr.☐ Ms.☐ Other

Aadhaar Number,if any:

PAN

Name

Date of Birth

d d / m m / y y y y

Please Provide the new KYC details which should be updated in your KYC records.

B. Mandatory fields for KYCs done before 1st January 2012

1. Father's/Spouse Name

2. Current Marital status ☐ Single ☐ Married

3. Current Nationality ☐ Indian ☐ Other (Please specify)

Note **"FOR OFFICE USE ONLY"**: The IPV Column should be mandatorily filled for all KYCs registered before 1st January 2012. Originals Seen and Verified should be mandatorily filled for changes to Identity and Address details.

C. Identity Details (please see guidelines overleaf)

1. **New Name** (As appearing in supporting identification document).
 Name

2. **New Status** Please tick (✓) ☐ Resident Individual ☐ Non Resident (Passport Copy Mandatory for NRIs & Foreign Nationals)

3. **PAN**

 Please enclose a duly attested copy of your PAN Card

4. **Proof of Identity submitted for PAN exempt cases** Please Tick (✓)
☐ Aadhaar Card ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others (Please see guideline 'D' overleaf)

D. Address Details (please see guidelines overleaf)

1. New Address for Correspondence																															
City / Town / Village															Pin Code																
State										Country																					
2. Contact Details																															
Tel. (Off.)		(ISD)		(STD)														Tel. (Res.)		(ISD)		(STD)									
Mobile		(ISD)		(STD)														Fax		(ISD)		(STD)									
E-Mail Id.																															
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.																															
<input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> *Latest Bank A/c Statement/Passbook <input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Gas Bill <input type="checkbox"/> Others (Please specify)																															
*Not more than 3 Months old. Validity/Expiry date of proof of address submitted <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px 5px;">d</div> <div style="border: 1px solid black; padding: 2px 5px;">d</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px;">m</div> <div style="border: 1px solid black; padding: 2px 5px;">m</div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> <div style="border: 1px solid black; padding: 2px 5px;">y</div> </div>																															
4. New Permanent Address of Resident Applicant if different from above D1 OR Overseas Address (Mandatory) for Non-Resident Applicant																															
City / Town / Village															Pin Code																
State										Country																					
5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached																															
<input type="checkbox"/> Passport <input type="checkbox"/> Ration Card <input type="checkbox"/> Registered Lease/Sale Agreement of Residence <input type="checkbox"/> Driving License <input type="checkbox"/> Voter Identity Card <input type="checkbox"/> *Latest Bank A/c Statement/Passbook <input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> *Latest Electricity Bill <input type="checkbox"/> *Latest Gas Bill <input type="checkbox"/> Others (Please specify)																															
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6. Any other information:																															

SIGNATURE OF APPLICANT

Old signature as per original KYC
Wherever Applicable

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place:

Date: d d / m m / y y y y

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ on / / AMC/Intermediary name **OR** code☐ (Originals Verified) Self Certified Document copies received☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date _____

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organization

Signature

Date _____