ICICI Bank

160-00000001

FORM A

APPLICATION FOR OPENING PUBLIC PROVIDENT FUND ACCOUNT UNDER THE PPF SCHEME 1968

Date : D D M M Y Y Y Y

Please fill all the details in **CAPITAL LETTERS** and **BLACK INK** only. Fields with ★ (STAR) are **MANDATORY**

(For Office use only) Branch : _____

Br. Code :

New PPF :

★ Cust. ID No. :

Transfer in PPF :

Primary Account number
(For linking joint holder cust id) :

Sol Id :

Please affix latest coloured passport size photograph of applicant

35 mm X 35 mm

Please sign across photograph

Signature : _____

(A) ★ PERSONAL DETAILS

★ Applicant Name: Mr. ☐ Ms. ☐ Dr. ☐ FIRST MIDDLE LAST

★ Mother's Maiden Name: ★ Marital Status: ☐ Single ☐ Married

★ Father's Name: ★ Gender: M / F / TG

★ Date of Birth: D D M M Y Y Y Y ★ Category : ☐ SC ☐ ST ☐ OBC ☐ Others ★ Minor: ☐ Yes ☐ No

Aadhar No :

★ PAN : ★ **Residential Status:** ★ **Resident Indian:** ☐ ★ **Non Resident Indian:** ☐

★ Nationality, If other than India : _____

(B) ★ COMMUNICATION ADDRESS

House No/Building Name:

Street Details: /

Locality: Land mark:

City: State:

★ PIN Country : (please specify if other than India)

★ Tel. No. : STD Code: (R) (O) STD Code: (O)

★ Mobile No.:

★ Email ID : CAPITAL LETTERS ONLY

(C) ★ PERMANENT ADDRESS (Office address can not be permanent address)

★ Same as communication address. Yes ☐ No ☐ (If no, below fields are mandatory)

House No/Building Name:

Street Details: /

Locality: Land mark:

City: State:

★ PIN Country : (please specify if other than India)

(D) ★ 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. Address proof :

(E) KYC CERTIFICATION (Only In case of new cust id)

I have met Mr./ Ms. _____ in person at his/ her residence/ office/ others (please specify) _____ and confirm that I have verified the copies of the Identity and address documents (as applicable) against originals as produced by the applicant. I also confirm that the form has been signed by the applicant in my presence.

Name and Designation of the Bank Official authorising opening of the Account_____

Date: _____ Employee No.: _____ Signature of Bank Official: _____

(F) ★ CUSTOMER PROFILE

1. Occupation

a) If Salaried, employed with ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ Public Sector ☐ Government ☐ Multinational ☐ Others

b) If Self Employed, and If in Business, nature of Business ☐ Manufacturing ☐ Trading ☐ Services ☐ Retailing ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Shroffs and Moneylenders ☐ Others

If Professional, type of Profession ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Consultant ☐ Engineer ☐ Others

c) If Others ☐ House Wife ☐ Retired ☐ Student

d) If Agri Allied/Farmer, details of landholding ☐ Nil ☐ <=5 acres ☐ > 5 acres

2. Education ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional

3. Gross Annual Income (`) ☐ Nil ☐ < 1Lac ☐ 1Lac - 5 Lacs ☐ 5 Lacs - 10 Lacs ☐ 10 Lacs - 15 Lacs ☐ 15 Lacs - 20 Lacs ☐ 20Lacs - 25 Lacs ☐ 25 Lacs - 50 Lacs ☐ 50 Lacs - 1 Cr ☐ < 1 Cr

(G) ★ INITIAL SUBSCRIPTION DETAILS

I hereby tender ₹ _____ _____(in words) towards initial subscription in

PPF Account by : ☐ Cheque :

Cheque No. _____

Dated D D M M Y Y Y Y

drawn on _____

Bank _____ Branch favouring

ICICI Bank - New PPF account no.

☐ Debit Mandate:

Debit my existing account.

Account No. _____

- PPF account opening with initial subscription is mandatory

(H) ★ STANDING INSTRUCTIONS

*Frequency : ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

Date of Debit : Start date D D M M Y Y Y Y & End Date D D M M Y Y Y Y

Amount in Figures ₹ _____ Amount in words Rupees _____

(PPF interest is calculated on the lowest balance at the credit of PPF account between the close of 5th day and end of the month and is credited to PPF account at the end of each financial year)

(I) ★ DECLARATION

i. I hereby declare that I am not maintaining any other Public Provident Fund Account on my own behalf and an account on behalf of a minor

ii. I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under

Sr. No.	Description	Name and address of the Bank/Post office	Account No.

iii. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is ₹ 1,50,000/- in a financial year at present in each of the following types of Public Provident Fund Account, Individual Self Account and Account(s) on behalf of minor(s) of whom I am the guardian.

iv. I understand that PPF account can be opened only by resident Indian and my residential status at the time of opening of PPF account is resident Indian only

In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the amount of deposit found in excess of the prescribed limit.

I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 and amendments issued thereto from time to time.

Date D D M M Y Y Y Y

_____

Signature / Thumb Impression by Applicant

FORM E

APPLICATION OF NOMINEE UNDER PUBLIC PROVIDENT FUND SCHEME, 1968

(NOT APPLICABLE FOR MINOR PPF ACCOUNT)

I, _____ hereby nominate the person (s) mentioned below to whom to the exclusion of all other persons in the event of my death, the amount standing to my credit in the PPF Account number _____ at the time of my death would be payable (not applicable for Minor account).

Sl No.	Name (s) of the Nominee (s) & Relationship	Relationship with Nominee	Full Address	Date of Birth of Nominee in case of Minor	Proportionate amount for each Nominee

- As the nominee(s) at Serial no. (s) _____ specified above is/are minor(s), I appoint Mr./Ms. _____ residing at _____to receive the sum due under the said account in the event of my death during the minority of the nominee (s).

★ **Guardian Name**

★ **Relationship with Minor**

★ **Guardian Address**

★ **Guardian City**

★ **Guardian State**

★ **Guardian Country**

★ **Guardian Pincode**

***WITNESS 1 :** Name _____

Address _____

_____

***WITNESS 2 :** Name _____

Address _____

_____

Signature: _____

Signature: _____

(*witness is applicable if nominee is minor)

Date D D M M Y Y Y Y

_____

Signature / Thumb Impression by Applicant

FOR BRANCH USE

For ICICI Bank Limited

I have checked customer's residential status and I hereby confirm that customer is not holding any NRI account under any cust ID with ICICI Bank

Employee ID : _____

Sign : _____

Branch Head / Authorised Signatory

Name of the Official : _____

Designation : _____

S. S. Number : _____

A/c, Manager _____

Special Instructions for RPC/CPC:

FOR RPC/CPC USE ONLY

Received on : _____ Received by : _____

Scanned on : _____ Scanned by : _____

Verified on : _____ Verified by : _____

Remarks _____