



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)

E-mail Id/Mobile Number/Income Range Update Form

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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Declaration

I affirm, and undertake that I have read and understood the Terms & Conditions for usage of the Internet Banking, Phone Banking and/or Mobile Banking service of ICICI Bank Limited & I aware of Charges Applicable for the same, as set forth in www.icicibank.com & 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). I agree and understand that I have to complete further application 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 documents referred or provided herewith are true, correct, complete and up-to-date in all respect. I agree and understand that such further applications will require incorporation of the application form number, and/or such details ICICI Bank may prescribe, to facilitate data management. We, the joint applicants hereby confirm that we have instructed and authorized the first applicants to view/access the information on the said account for and on behalf of all the undersigned and under our specific instructions as stated in this letter. We hereby state that should we wish to revoke the above authorization, we shall duly issue a letter of revocation to ICICI Bank in this regard. We hereby agree that until ten days after ICICI Bank receives such letter revoking the above mandate, the authorization as afore stated shall hold good.

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 my presence, all relevant details are matching in our Bank records and verified by me.

Name & Employee ID: _____

Signature of the Branch Official: _____

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

[illegible]

B. Contact Details

[illegible]

The Email id mentioned above belongs to ☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

The Mobile number mentioned above belongs to ☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

I/We request you to update the income range in my/our demat account.

1st Holder Income Range-Individuals (NSDL & CDSL)	<input type="checkbox"/> Below ₹ 1 Lacs	<input type="checkbox"/> ₹ 5 Lacs to ₹ 10 Lacs	<input type="checkbox"/> More than ₹ 25 Lacs
	<input type="checkbox"/> ₹ 1 Lacs to ₹ 5 Lacs	<input type="checkbox"/> ₹ 10 Lacs to ₹ 25 Lacs	

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.

As per regulatory guidelines, Demat account name should be same as PAN name. Hence if there is change in existing name, we will update name available on PAN card in Demat and KRA records.

Place:		Date:	
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SIGNATURE OF APPLICANT

The first step in the process was to identify the key stakeholders involved in the project. This included government agencies, private industry, academic institutions, and community groups. Each stakeholder group was assigned a representative who would serve as a liaison between the project team and the stakeholders. The next step was to conduct a series of workshops and meetings to gather input from the stakeholders. These sessions were designed to explore the various perspectives and concerns of each group, as well as to identify potential areas of collaboration and conflict. The information gathered during these sessions was used to develop a set of guiding principles and objectives for the project. Finally, a detailed plan of action was developed, outlining the specific tasks and responsibilities of each stakeholder group, as well as the timeline and budget for the project.

FOR OFFICE USE ONLY

IPV Done ☐ on

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y	y	y	y
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☐ (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 Organisation

Signature

Date

Seal/Stamp of the intermediary should contain

Staff Name

Designation

Name of the Organisation

Signature

Date