



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)

NAME DELETION IN JOINT ACCOUNT UPON TRANSMISSION

Date

DP ID

Client ID

Account holder's details

Account Holder Indicator	Name of the Nominee(s)	Tick against the holder(s) who has/have deceased	
First Holder		<input type="checkbox"/>	Self-attested copy of death certificate of the deceased holder or subject to verification with the original or Original death certificate or copy of the death certificate duly attested by a notary public or by a gazetted officer or death certificate downloaded from the online portal of Government carrying digital/facsimile signature of the issuing authority.
Second Holder		<input type="checkbox"/>	
Third Holder		<input type="checkbox"/>	

Declaration:

I/We, the undersigned, being the surviving holder(s) in the joint account, hereby request you to delete the name of the deceased account holder(s) and continue to maintain the account in the sole or joint surviving names in the same order.

I/We confirm that DP/NSDL will not be held liable for any impact on the pending requests related to i.e. demat/remat/conversion/re-conversion/repurchase / tender-offer etc. due to deletion of the name and monitoring of all such pending requests, if any will be done by us.

(Please tick anyone)

1. ☐ I/We confirm that there are no changes in the residential address(es), mobile number(s), email address(es), bank account details, annual income, and nominee(s) of the surviving holder(s).
or
2. ☐ I/We inform that there are changes in the residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s) of the surviving holder(s) and I/We wish to update such changes in the demat account at the time of processing transmission requests.[#]
#Participants are advised to collect the required information as per the extant norms of SEBI/NSDL.
or
3. ☐ I/We inform that there are changes in the residential address(es), mobile number(s), email address(es), bank account details, annual income, and nominee(s) of the surviving holder(s). The updated information will be provided as per the extant guidelines of SEBI/NSDL after the transmission of securities.

(Please tick if applicable) -

☐ Pursuant to the name deletion of the deceased holder(s), the joint account becomes a Sole/single -holding account, and the choice of nomination was not provided earlier, I request DP to update the choice of nomination ☐ nomination or ☐ opt out of nomination as per the enclosed request form

Signature of surviving joint holder(s)

Sr. No.	Name of the Surviving Joint Holder(s)	Signature
1		
2		
3		

Request for change in details of surviving holders

Date:

DP ID:

Client ID:

I/We, the undersigned to update the KRA details in demat account after name deletion of the joint holder

1. Account holders details

Account Holder Indicator	Name of Joint Account Holder(s)	Tick against the holder(s) who has/have deceased
First Holder		<input type="checkbox"/>
Second Holder		<input type="checkbox"/>
Third Holder		<input type="checkbox"/>

2. Address for Correspondence

City/Town/Village																				Postal Code																			
State																				Country																			

3. Permanent Address (☐ Tick if same as correspondence address)

City/Town/Village																				Postal Code																			
State																				Country																			

4. ☐ I understand that the mentioned ICICI Bank Account will be used for

(a) Disbursing Dividends / Interest and (b) Recovering All DP charges in respect of the demat account.

Name of Bank Account Holder																													
Bank A/c No															Bank Branch														
Name of the Bank																													
Name Address																													
IFSC Code																													
Account Type (Please tick ✓) <input type="checkbox"/> SAVING <input type="checkbox"/> CURRNT <input type="checkbox"/> NRE <input type="checkbox"/> NRO <input type="checkbox"/> OTHERS _____ (Please Specify)																													

5. Signature of surviving joint holder(s)

Sr.No.	Name of the Surviving joint holder(s)	Signature
1		
2		



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Demat Nomination Form-NSDL & CDSL
(To be filled in by individual applying singly or jointly)

Date DP IP Client ID

I/We wish to make a nomination. [As per details given below]					
Nomination Details					
I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our death.					
Nomination can be made upto three nominees in the account.		Details of 1 st Nominee		Details of 2 nd Nominee	
		Details of 3 rd Nominee			
Mandatory Details					
1	Name of the nominee(s) (Mr./Ms.)*				
2	Share of each Nominee	Equally <small>[If not equally, please specify percentage]</small>	%	%	%
			Any odd lot after division shall be transferred to the first nominee mentioned in the form.		
3	Relationship With the Applicant (If Any)				
*Date of Birth and Name of Guardian to be provided in case of minor nominee(s)					
Non-mandatory Details					
4	Address of Nominee(s)/ Guardian in case of Minor City / Place: State & Country:				
	PIN Code				
5	Mobile / Telephone No. of nominee(s)/ Guardian in case of Minor				
6	Email ID of nominee(s)/ Guardian in case of Minor				
7	Nominee/ Guardian (in case of Minor) Identification details – [Please tick any one of following and provide details of same] <input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID				

Signature of Sole/First Holder

Signature of Second Holder

Signature of Third Holder

Note:

- Signature of witness, along with name and address are required , if the account holder affixes thumb impression, instead of signature
- This nomination shall supersede any prior nomination made by the account holder(s), if any.

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: _____