Common Application Form for Non-Resident Indians

ICICI Bank Ltd
Empire Complex, 1st Floor, 414 Senapati Bapat Marg,
Lower Parel (W), Mumbai 400 013

Nov 2025

Index

COMMON APPLICATION FORM

(For Non-Resident Indians)

ICICI BANK LTD. Empire Complex, 1st Floor, 414 Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.

Please fill in all the details in CAPITAL LETTERS on a coloured printout of the form.

Case ID :
PMS client account: ☐ Yes ☐ No NON I KIT ☐
*Product Variant :
PMS SEBI Registration No.
Branch :
PMS Pool Account No.
Branch Code :
Constitution Code :
Status Code :
DP ID :
Client ID :
(To be filled by the Participant)

TYPE OF ACCOUNT

Line of Business: ☐ Custody Account
☐ Non- Custody Account ((For non-custody accounts, the fields, terms and conditions related custody accounts shall not be applicable)

Demat Account : ☐ Repatriable No. of Account ☐ Non-Repatriable No. of Account
Bank Account : ☐ NRE Savings No. of Account ☐ NRE PIS
☐ NRO Special Security Account No. of Account ☐ NRO Savings

Apply for PIS Permission (Mandatory for Secondary market transactions) ☐ Yes ☐ No
NRE PIS Extension Account ☐ Yes No. of Account ☐ No (Please provide the below details if applicable)
RBI PIS Permission Number : RBI PIS Permission Date : D D M M Y Y Y Y
NRO Reference Number: Date of Issuance: D D M M Y Y Y Y

MODE OF FUNDING	CURRENCY NAME	AMOUNT	BANK NAME	REFERENCE NUMBER

Please open a depository account and/or bank account/s in my/our name as per the following details

A. DETAILS OF ACCOUNT – PRIMARY APPLICANT

*Name: F I R S T M I D D L E L A S T
(Same as per Passport)

Photograph

*Date of Birth : D D M M Y Y Y Y
*PAN :
*Email :
*Mobile No. :
COUNTRY CODE

I declare that the above mobile number belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).
I declare that the above E-mail ID belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).

I/We hereby authorize the Bank to send me the SMS alerts and e-mails to the mobile number and e-mail ID mentioned above, provided by me.

*Father's Name :
Spouse's Name :
(If married)
*Mother's Maiden Name (First Name only):
Telephone Number :
COUNTRY CODE AREA CODE

*Marital Status : ☐ Single ☐ Married ☐ Others *Gender : ☐ Male ☐ Female ☐ Transgender
*Date of becoming Non-Resident : D D M M Y Y Y Y
*Are you a PEP or related to one? ☐ Yes ☐ No
Type of Address Proof :
KRA Number (If any): CKYC Number (If any):
Existing Account Number : *Nationality:
*Passport No.: Passport issuing country:
*Date of Issue : D D M M Y Y Y Y *Place of Issue: *Expiry Date: D D M M Y Y Y Y
*Type of Visa : ☐ Single entry Visa permitting employment ☐ Student Visa ☐ Single entry Visa ☐ Residence Permit
(If provided for NRI status proof) ☐ Employment Visa ☐ Work Permit ☐ Others
Visa Expiry Date: D D M M Y Y Y Y Visa number: Visa issuing country:

PERMANENT ADDRESS

ADDRESS PROOF TYPE: ☐ Passport/OCI ☐ Drivers License ☐ Voter's Identity Card (Issued by the Election Commission of India)
☐ Proof Of Possession of Aadhaar Number ☐ Job Card Issued By Nrega (Duly Signed by an Officer of the State Govt)
☐ Letter Issued By The National Population Register

House No.: Building Level / Floor :
Premises Name : Street No.:
Street Name : Landmark:
Locality:
*City : *State :
*Country : *Postal/Zip Code :

ICICI Bank

CURRENT OVERSEAS RESIDENTIAL ADDRESS

ADDRESS PROOF TYPE: ☐ Passport/OCI ☐ Drivers License ☐ Voter's Identity Card (Issued by the Election Commission of India)
☐ Proof Of Possession of Aadhaar Number ☐ Job Card Issued By Nrega (Duly Signed by an Officer of the State Govt)
☐ Letter Issued By The National Population Register ☐ Others

House No.: Building Level / Floor :
Premises Name : Street No.:
Street Name : Landmark:
Locality:
*City : *State :
*Country : *Postal/Zip Code :
*Communication for Bank Account to be sent to ☐ Same as Permanent Address ☐ Overseas Residential Address

OCCUPATION AND ACCOUNT ACTIVITY (FOR HOUSE WIFE PROVIDE DETAILS OF HUSBAND)

1.Occupation
a. If Salaried, employed with ☐ Proprietorship ☐ Partnership ☐ Private Ltd. ☐ Public Ltd. ☐ Public Sector ☐ Government ☐ Multinational ☐ Others
b. If Self employed, and if in business, nature of the business
☐ Manufacturing ☐ Trading ☐ Services ☐ Retail ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Others
If Professional, type of Profession
☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Consultant ☐ Engineer ☐ Others (Please specify) ____
c. If Others ☐ Housewife ☐ Retired ☐ Student
2. Education ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional
3. Gross Annual Income (₹) ☐ < 1 Lakh ☐ 1 Lakh to 5 Lakh ☐ 5 Lakh to 10 Lakh ☐ 10 Lakh to 15 Lakh ☐ 15 Lakh to 20 Lakh ☐ 20 Lakh to 25 Lakh ☐ 25 Lakh to 50 Lakh ☐ 50 Lakh to 1 crore ☐ 1 crore to 10 crore ☐ > 10crore
4. Source of Funds ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment ☐ Inheritance ☐ Rent ☐ Pension ☐ Funds from family members ☐ Others (Please specify) ____

DETAILS OF ACCOUNT – JOINT APPLICANT - 1

*Name: FIRST MIDDLE LAST
(Same as per Passport)

Photograph

*Date of Birth : D D M M Y Y Y Y
*PAN :
*Email :
*Mobile No. :
COUNTRY CODE
I declare that the above mobile number belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).
I declare that the above E-mail ID belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).

I/We hereby authorize the Bank to send me the SMS alerts and e-mails to the mobile number and e-mail ID mentioned above, provided by me.
*Father's Name :
Spouse's Name :
(If married)
*Mother's Maiden Name (First Name only):
Telephone Number :
COUNTRY CODE AREA CODE
*Marital Status : ☐ Single ☐ Married ☐ Others *Gender : ☐ Male ☐ Female ☐ Transgender
*Date of becoming Non-Resident : D D M M Y Y Y Y
*Are you a PEP or related to one? ☐ Yes ☐ No
Type of Address Proof :
KRA Number (If any): CKYC Number (If any):
Existing Account Number : *Nationality:
*Passport No.: Passport issuing country:
*Date of Issue : D D M M Y Y Y Y *Place of Issue: *Expiry Date: D D M M Y Y Y Y
*Type of Visa : ☐ Single entry Visa permitting employment ☐ Student Visa ☐ Single entry Visa ☐ Residence Permit
(If provided for NRI status proof) ☐ Employment Visa ☐ Work Permit ☐ Others ____
Visa Expiry Date: D D M M Y Y Y Y Visa number: Visa issuing country:

PERMANENT ADDRESS

ADDRESS PROOF TYPE: ☐ Passport/OCI ☐ Drivers License ☐ Voter's Identity Card (Issued by the Election Commission of India)
☐ Proof Of Possession of Aadhaar Number ☐ Job Card Issued By Nrega (Duly Signed by an Officer of the State Govt)
☐ Letter Issued By The National Population Register

House No.: Building Level / Floor :
Premises Name : Street No.:
Street Name : Landmark:
Locality:
*City : *State :
*Country : *Postal/Zip Code :

ICICI Bank

CURRENT OVERSEAS RESIDENTIAL ADDRESS

ADDRESS PROOF TYPE: ☐ Passport/OCI ☐ Drivers License ☐ Voter's Identity Card (Issued by the Election Commission of India)
☐ Proof Of Possession of Aadhaar Number ☐ Job Card Issued By Nrega (Duly Signed by an Officer of the State Govt)
☐ Letter Issued By The National Population Register ☐ Others

House No.: Building Level / Floor :
Premises Name : Street No.:
Street Name : Landmark:
Locality:
*City : *State :
*Country : *Postal/Zip Code :

*Communication for Bank Account to be sent to ☐ Same as Permanent Address ☐ Overseas Residential Address

OCCUPATION AND ACCOUNT ACTIVITY (FOR HOUSE WIFE PROVIDE DETAILS OF HUSBAND)

1.Occupation
a. If Salaried, employed with ☐ Proprietorship ☐ Partnership ☐ Private Ltd. ☐ Public Ltd. ☐ Public Sector ☐ Government ☐ Multinational ☐ Others
b. If Self employed, and if in business, nature of the business
☐ Manufacturing ☐ Trading ☐ Services ☐ Retail ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Others
If Professional, type of Profession
☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Consultant ☐ Engineer ☐ Others (Please specify) ____________
c. If Others ☐ Housewife ☐ Retired ☐ Student

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

3. Gross Annual Income (₹) ☐ < 1 Lakh ☐ 1 Lakh to 5 Lakh ☐ 5 Lakh to 10 Lakh ☐ 10 Lakh to 15 Lakh ☐ 15 Lakh to 20 Lakh ☐ 20 Lakh to 25 Lakh ☐ 25 Lakh to 50 Lakh ☐ 50 Lakh to 1 crore ☐ 1 crore to 10 crore ☐ > 10crore

4. Source of Funds ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment ☐ Inheritance ☐ Rent ☐ Pension ☐ Funds from family members ☐ Others (Please specify) ____________

DETAILS OF ACCOUNT – JOINT APPLICANT - 2

*Name: FIRST MIDDLE LAST
(Same as per Passport)

Photograph

*Date of Birth : D D M M Y Y Y Y
*PAN :
*Email :
*Mobile No. : COUNTRY CODE

I declare that the above mobile number belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).
I declare that the above E-mail ID belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).

I/We hereby authorize the Bank to send me the SMS alerts and e-mails to the mobile number and e-mail ID mentioned above, provided by me.

*Father's Name :
Spouse's Name : (If married)
*Mother's Maiden Name (First Name only):
Telephone Number : COUNTRY CODE AREA CODE

*Marital Status : ☐ Single ☐ Married ☐ Others *Gender : ☐ Male ☐ Female ☐ Transgender
*Date of becoming Non-Resident : D D M M Y Y Y Y
*Are you a PEP or related to one? ☐ Yes ☐ No
Type of Address Proof :
KRA Number (If any): CKYC Number (If any):
Existing Account Number : *Nationality:
*Passport No.: Passport issuing country:
*Date of Issue : D D M M Y Y Y Y *Place of Issue: *Expiry Date: D D M M Y Y Y Y
*Type of Visa : (If provided for NRI status proof) ☐ Single entry Visa permitting employment ☐ Student Visa ☐ Single entry Visa ☐ Residence Permit ☐ Employment Visa ☐ Work Permit ☐ Others ____________
Visa Expiry Date: D D M M Y Y Y Y Visa number: Visa issuing country:

PERMANENT ADDRESS

ADDRESS PROOF TYPE: ☐ Passport/OCI ☐ Drivers License ☐ Voter's Identity Card (Issued by the Election Commission of India)
☐ Proof Of Possession of Aadhaar Number ☐ Job Card Issued By Nrega (Duly Signed by an Officer of the State Govt)
☐ Letter Issued By The National Population Register

House No.: Building Level / Floor :
Premises Name : Street No.:
Street Name : Landmark:
Locality:
*City : *State :
*Country : *Postal/Zip Code :

CURRENT OVERSEAS RESIDENTIAL ADDRESS

ADDRESS PROOF TYPE: ☐ Passport/OCI ☐ Drivers License ☐ Voter's Identity Card (Issued by the Election Commission of India)
☐ Proof Of Possession of Aadhaar Number ☐ Job Card Issued By Nrega (Duly Signed by an Officer of the State Govt)
☐ Letter Issued By The National Population Register ☐ Others

House No.: Building Level / Floor :

Premises Name : Street No.:

Street Name : Landmark:

Locality:

*City : *State :

*Country : *Postal/Zip Code :

*Communication for Bank Account to be sent to ☐ Same as Permanent Address ☐ Overseas Residential Address

OCCUPATION AND ACCOUNT ACTIVITY *

1. Occupation

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

b. If Self employed, and if in business, nature of the business
☐ Manufacturing ☐ Trading ☐ Services ☐ Retail ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Others

If Professional, type of Profession
☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Consultant ☐ Engineer ☐ Others (Please specify) ____________

c. If Others ☐ Housewife ☐ Retired ☐ Student

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

3. Gross Annual Income (₹) ☐ < 1 Lakh ☐ 1 Lakh to 5 Lakh ☐ 5 Lakh to 10 Lakh ☐ 10 Lakh to 15 Lakh ☐ 15 Lakh to 20 Lakh ☐ 20 Lakh to 25 Lakh ☐ 25 Lakh to 50 Lakh ☐ 50 Lakh to 1 crore ☐ 1 crore to 10 crore ☐ > 10 crore

4. Source of Funds ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment ☐ Inheritance ☐ Rent ☐ Pension ☐ Funds from family members ☐ Others (Please specify)____________

B. COMMUNICATION ADDRESS FOR DEMAT ACCOUNT (FOR ALL HOLDERS)

Particulars:

PinCode :

City/town/village : State :

*Country :

C. BANK ACCOUNT DETAILS (TO BE FILLED BY BANK OFFICIALS)

Bank Account Type: ☐ Savings Account ☐ Current Account ☐ Others (please specify) ____________

NRE Savings: NRE PIS Bank No:

NRE Savings: NRE PIS Extension Bank No:

NRO Special Security: NRO Savings:

NRO Special Security: NRO Savings:

Bank Name :

Branch Address :

City/town/village : PIN Code

State : Country :

MICR Code : IFSC :

D. DELIVERY INSTRUCTION SLIP (DIS) BOOKLET FACILITY

(To be filled by the person seeking to open a depository account who have given Power of Attorney to operate the depository account to a Stock Broker/Participant/Portfolio Manager and does not intend to open a Basic Services Demat Account)

☐ Yes, I/we wish to receive DIS Booklet at the time of account opening.

☐ No, however, the DIS Booklet should be issued to me/us immediately on my/our request at any later date.

E. MODE OF OPERATIONS AND COMMUNICATION

For Bank Account:

a. Mode of Operation ☐ Singly ☐ Either or Survivor ☐ Jointly ☐ Any ☐ Former or Survivor ☐ Others ____________

Applicable to non-custody Accounts only

Please refer to the Cust ID______________________________ for PoA holder's signature.

Mode of operations

- PoA holder: Only financial transactions are allowed.
- Account holder: Financial Transaction only after obtaining NOC from PoA holder.
- Any non-financial request received at non-base branch to be referred to the Base branch for signature verification.

For Demat Account (In case of Joint Accounts):

a. Mode of Operation ☐ Jointly ☐ Anyone of the holder or survivor(s)

b. Communication to be sent to ☐ First holder ☐ All joint account holders

If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted

F. DETAILS OF EXISTING PIS HOLDING

Details of Existing Holding	NRE	NRO
Whether the NRI Applicant already holds any eligible securities acquired through Stock Exchange with benefit of repatriation / without benefit of repatriation. Furnish the details of securities to be transferred: For Primary Market: Annexure I / II. For Secondary Market: Annexure I / II and the Secondary market format.	☐ Yes ☐ No (please tick relevant box)	☐ Yes ☐ No (please tick relevant box)
Whether the NRI Applicant already holds PIS Scheme Account on repatriation through Authorised Dealer on repatriation benefits.	☐ Yes ☐ No (please tick relevant box)	
Name of the Previous Authorised Dealer : ______________________		

Note: Original No Objection Certificate (NOC) and Statement of Holding from previous authorised dealer needs to be attached along with the application form.

PIS Cancellation Date : D D M M Y Y Y Y

G. STANDING INSTRUCTIONS

For Bank Account:

Bank Statement : ☐ Monthly email and Annual Physical

Please note that you would be receiving monthly e-statement on your registered email ID and Physical statement would be sent annually to the communication address.

For Demat Account:

I/We authorise you to receive credits automatically into my/our account: ☐ Yes ☐ No

Account to be operated through Power of Attorney (PoA): ☐ Yes ☐ No

Account to be operated through Demat Debit and Pledge Instructions (DDPI): ☐ Yes ☐ No

SMS Alert facility: *[Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]*

Sole/First Holder: ☐ Yes ☐ No Second Holder: ☐ Yes ☐ No Third Holder: ☐ Yes ☐ No

Mode of receiving Statement of Account: ☐ Physical Form ☐ Electronic Form *(Refer Note 9 and ensure that email ID is provided in KYC Application Form).*

(*Tick any one*)

H STATEMENT VIA E-MAIL

Email ID:

1. ______________________

2. ______________________

3. ______________________

4. ______________________

5. ______________________

E-mail Statement will be sent to the above ID's as per the frequency specified. Maximum five e-mail Ids can be registered for account statement via E-mail and the frequency is same for all users.

Frequency: Daily ☐ Weekly ☐ Fortnightly ☐ Monthly ☐

ICICI Bank

L. (i) Nomination Form for Bank and Demat Account (To be filled in by individual applying singly or jointly)

I/ We hereby wish to nominate for Bank and/ or Demat Account as under

To,
ICICI Bank Ltd.
Empire complex, 1st Floor, 414, Senapati Bapat Marg, Lower Parel (W), Mumbai 400013

UCC/DP ID : Client ID :

I/We wish to make a nomination. [As per details given below]

NOMINATION DETAILS

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Mandatory Details

	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s) (Mr./Ms.)			
Share of each Nominee(%)** (Decimal values not accepted)	%	%	%
Postal Address	PIN code	PIN code	PIN code
Mobile number			
Email ID			
Relationship with Holder			
Identity Number *** ☐ Pan ☐ Driving licence ☐ Aadhaar (Last 4) ☐ Passport			

Additional Details ****

	Nominee 1	Nominee 2	Nominee 3
D.o.B of nominee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Guardian Details:			
Name			
Address			
Pincode			
Mobile Number			
Telephone Number			
Email ID			
Relationship with nominee			

ICICI Bank

Mandatory Details			
	Nominee 4	**Nominee 5**	**Nominee 6**
Name of the nominee(s) (Mr./Ms.)			
Share of each Nominee(%)** (Decimal values not accepted)	%	%	%
Postal Address	PIN code	PIN code	PIN code
Mobile number			
Email ID			
Relationship with Holder			
Identity Number *** ☐ Pan ☐ Driving licence ☐ Aadhaar (Last 4) ☐ Passport			
Additional Details ******			
D.o.B of nominee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Guardian Details:			
Name			
Address			
Pincode			
Mobile Number			
Telephone Number			
Email ID			
Relationship with nominee			

ICICI Bank

Mandatory Details				
	Nominee 7	Nominee 8	Nominee 9	Nominee 10
Name of the nominee(s) (Mr./Ms.)				
Share of each Nominee(%)** (Decimal values not accepted)	%	%	%	%
Postal Address	PIN code	PIN code	PIN code	PIN code
Mobile number				
Email ID				
Relationship with Holder				
Identity Number *** ☐ Pan ☐ Driving licence ☐ Aadhaar (Last 4) ☐ Passport				
Additional Details ******				
D.o.B of nominee	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Guardian Details:				
Name				
Address				
Pincode				
Mobile Number				
Telephone Number				
Email ID				
Relationship with nominee				

* Joint Account:

Event	Transmission of Account
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously – having nominee	Nominee
Demise of all joint holders simultaneously – not having nominee	Legal heir(s) of the youngest holder

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. However, in case of NRI / OCI / PIO, Passport number is acceptable.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor.

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the DP as follows; (please tick, as appropriate)

☐ Name of nominee(s) ☐ Nomination: Yes / No

2) I hereby authorize ______________________________(nominee number ______)

to operate my account on my behalf, in case of my incapacitation. He / She is authorized to encash my assets up to _____% of assets in the account or

Rs. ______________________ (Optional)(strike o portions that are not relevant)

ICICI Bank

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account you have to provide nomination. Other wise, you have to follow procedure for Opt-Out of Nomination.
- You can make nomination or change nominee any number of times without any restriction.
- You are entitled to receive acknowledgement from the DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account.
- In case all your nominees do not claim the assets from the DP, then the residual unclaimed asset shall continue to be with the AMC in case of MF units and with the concerned Depository in case of Demat account.
- You have the option to designate any one of your nominees to operate your account, in case of your physical incapacitation, at any point of time and not just during opening of account. This mandate can be changed any time you choose.
- The signatories for this nomination form shall be as per mode of holding in the demat account(s) i.e.
  ○ 'Either or Survivor' Accounts - any one of the holder can sign ○ 'First holder' Accounts - only First holder can sign ○ ' Jointly' Accounts - all holders have to sign

Transmission aspects

- DPs shall transmit the account to the nominee(s) upon receipt of 1) copy of death certificate and 2) completion / updation of KYC of the nominee(s). The nomimee is not required to provide affidavits, indemnitites, undertakings, attestations or notarization.
- In case of a joint account for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date. The regulated entity cannot seek KYC documents at the time of transmission, unless it was sought earlier but not provided by the holder.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.
- In case of multiple nomineees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specified by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	% share	Nominee	% initial share	% of A's share to be apportioned	Total % share
A	60 %	A	0 %	0 %	0 %
B	30 %	B	30 %	45 %	75 %
C	10 %	C	10 %	15 %	25 %
Total	**100 %**	**-**	**40 %**	**60 %**	**100 %**

Nomination Details for Bank Account

Nomination Form (Form DA 1) The Nominee should not be any of the applicants.

Nomination under section 45ZA of the Banking Regulation Act, 1949, and rule 2(1) of the Banking Companies (Nomination) Rules, 1985, in respect of bank deposits I/We,____

name(s) & address(es)of the depositor(s) nominate the following person (details provided hereunder) to whom in the event of my death the amountof deposit in the account, particulars whereof are given below, may be returned by ICICI Bank Ltd.________________________________ Branch (name and address of branch in which deposit is held).

Nominee's Name: FIRST MIDDLE LAST

Nominee's Address:

City: Country: State:

Contact No. Email Id: Postal/Zip Code :

Relationship with Applicant: Date of Birth (only if nominee is a minor): D D M M Y Y Y Y

Guardian Details (only if the nominee is a minor)

Guardian's Name: FIRST MIDDLE LAST

Address:

City: Country: State:

Contact No. Email Id: Postal/Zip Code :

Relationship with Applicant: Date of Birth: D D M M Y Y Y Y

Signature(s) - As per the mode of holding

Name(s) of holder(s)		Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable) *
Sole/First Holder (Mr./Ms.)				
Second Holder (Mr./Ms.)				
Third Holder (Mr./Ms.)				

* Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Notes:

1.) The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form. 2.) The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time. 3.) Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities. 4.) Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir. 5.) The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form. 6.) On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s). 7.) On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees. 8.) Savings bank account details shall only be considered if the account is maintained with the same participant. 9.) DP ID and client ID shall be provided where demat details are required to be provided.

ICICI Bank

Opt Out of Nomination Form for Bank and Demat Account

DP ID : ________ Client ID : ________

To
ICICI Bank Ltd.
Empire Complex, 1st Floor, 414, Senapati Bapat Marg, Lower Parel (W), Mumbai - 400 013

I/We hereby wish to opt-out of nomination for Bank and/ or Demat Account as under

OPT OUT OF NOMINATION FOR DEMAT ACCOUNT

UCC/DP ID	I	N						
Client ID (only for Demat account)								

Primary Applicant Name	
Joint Applicant 1 Name	
Joint Applicant 2 Name	

I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.

OPT OUT OF NOMINATION FOR BANK ACCOUNT

☐ I have been explained about the benefit of the nomination facility. However, I would like to inform you that I do not wish to provide nomination for account.

Depository Services - Tariff Schedule

PIS Services - Tariff Schedule

Type of fees	Fees
PIS approval Issuance/NRO Ledger Creation	Rs. 1,000 (One-time fee)
Annual Account Maintenance Fee	Rs. 1,000
Transaction & Reporting Fee	Rs. 50 (per contract note)
15CA/CB Certificate Issuance of Long Term/Short Term Capital Gains	Rs. 120 (per certificate)

Notes :
1) All charges will be billed on monthly basis. 2) Bank Account maintenance, PIS Application and CA Certification charges are additional. 3) All charges include depository charges but exclude GST and any other statutory levies, if applicable. 4) Services other than those mentioned above will be charged additionally. 5) ICICI Bank shall debit the charges from the current / savings account of the client, without prior intimation, any time after fifteen days of dispatch of bill. 6) ICICI Bank reserves the right to review the tariff. 7) All communication shall be sent at the address of the Sole/First holder only. 8) Thumb impressions must be attested by a witness or a Magistrate or a Notary Public or a Special Executive Magistrate. 9) Signatures other than in English or Hindi or any of the other languages not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate. 10) The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required. 11) For receiving Statement of Account in electronic form: I. Client must ensure the confidentiality of the password of the email account. II. Client must promptly inform the Participant if the email address has changed. III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice. 12) Post activation of Demat account the Client Master Report and the scanned copy of charge structure may be provided at the email address recorded in the system. 13) Strike off whichever is not applicable.14) In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.15) In case 'first holder' is selected, the communication will be sent as per the preference mentioned at point G under "Mode of receiving Statement of Account". In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at point G under "Mode of receiving Statement of Account" and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected. 16) Charges/service standards are subject to revision at the Bank's sole discretion and shall be applicable as informed to the customer(s). 17) Account Maintenance Fee is non-refundable and is levied on a yearly basis in advance and is charged on the primary NRE & NRO Accounts. 18) PIS approvals and NRO Security Ledger Creation charges are levied on account of letter issuance. 19) Transaction and Reporting Fee is levied as per the contract note 20) The above charges are independent of the Demat Account charges and the broker's fee 21) All fees are levied to the designated Saving Account(s) 22) Chartered Accountant Fees is applicable for 15CA/CB Certification and is subject to revision from time to time.

ICICI Bank

J. FATCA/CRS DECLARATION FORM FOR INDIVIDUALS

To: ICICI Bank Ltd
Empire Complex, 1st Floor, 414, Senapati Bapat Marg, Lower Parel (w), Mumbai-400 013

Date: D D M M Y Y Y Y

Applicant Type	Primary Applicant	Joint Applicant 1	Joint Applicant 2
Name:			
Residential Status: Resident / Non-resident			

Part I - Please fill in the country for each of the following (Mandatory for all customers):

	Field Name	Primary Applicant	Joint Applicant 1	Joint Applicant 2
a.	Country of Birth			
b.	Country of Citizenship			
c.	Country of Present Residence			
d.	Country of Residence for Tax Purposes (In case of multiple tax residences, please specify all the countries of tax residence)	i)	i)	i)
		ii)	ii)	ii)
		iii)	iii)	iii)
e)	US Person*	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No

*US person means - a citizen or resident of the US or a green card holder or an estate of a descendant who was a citizen or resident of US

Part II - Please fill the following details (If Taxpayer Identification Number (TIN) / Functional Equivalent (FE) is Available)

Applicant Type	TIN/FE or	Document Name	Issuing country for TIN/FE/Other document	Type of document (Others) **
Primary Applicant				1. Dependent Visa 2. Student Visa 3. Seafarer status (C1D/CDC) 4. Diplomat ID 5. Retired Person (Resident permit visa) 6. Going to the country for first time #
Joint Applicant 1				
Joint Applicant 2				

Note:
** TIN/FE is mandatory for your country of residence for tax purposes. In case TIN /FE is not available or has not yet been issued, please provide alternative FE from **Type of document - others.**
# TIN/FE to be communicated to ICICI Bank within **90 days**, else Bank account may get closed.

Relinquishment Certificate: In case you are declaring US person status as 'No' but your Country of Birth is USA, please provide document evidencing Relinquishment of Citizenship. If not available provide reason/s for not having relinquishment certificate
____ ____.

Self-Certification: To be filled only if any of the indicia is outside India but not a resident for Tax purpose outside India or Country of Birth is US and US person is mentioned as "No"

☐ I confirm that I am not a US person and not a resident for tax purpose of US though my Country of Birth is US. Therefore, I am providing the following document as proof of my citizenship and residency in Country other than US.

☐ I confirm that I am not a resident for tax purpose of any country other than India and US though one or more parameters suggest my relation with the country outside India. Therefore, I am providing the following document as proof of my citizenship and/or residency in India.

Document Name: ☐ **Passport** ☐ **Election ID Card** ☐ **Driving License** ☐ **UIDAI Letter** ☐ **NREGA Job Card / Govt. Issued ID card**

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ICICI Bank

1. GENERAL UNDERTAKINGS AND DECLARATIONS

I/W e hereby declare that I am/we are non-resident Indian(s) ('NRI/s') or Person(s) of Indian Origin ('PIO/s') as defined under the Foreign Exchange Management Act, 1999 and 2016 the applicable regulations, rules, notification, direction or order made thereunder (collectively, 'FEMA'). I/We further confirm, agree and undertake that the attached photograph(s) is / are the present, true and up-todate proof and/ or evidence of my/our identity (ies). I /We understand that the above-mentioned account (s) will be opened with ICICI Bank Ltd., India ('ICICI Bank') solely on the basis of reliance by ICICI Bank on the statements /declarations/ undertaking and confirmations provided/ made by me/us, and I/we also agree that if anything provided herein is found to be incorrect/false/ misleading (whether in any material particulars or otherwise), ICICI Bank shall not be bound to accept and/ or process my/ our application for opening any account (s) with ICICI Bank.

I/We understand and agree that the approval of my/our Application Form is at the Bank's discretion and that the Bank is entitled to decline my/our instructions, if any. I/We understand and agree that the Bank may contact me/us and request for further information or documents for the purpose of this Application Form and for verification of any and all information provided furnished by me/ us.

I/We understand that the Application Form provided by me/ us is being provided by ICICI Bank and is subject to and governed by the laws of the Republic of India and I/We, therefore,

undertake that I/We shall abide by and be bound by all the applicable laws and regulations governing the above account (s) and extant regulations provided or promulgated by the Reserve Bank of India ('RBI') in relation to account (s) opened/to be opened/ maintained by NRIs and/ or PIOs with banks licensed by the RBI under the applicable laws of India and I/ We understand and agree to act in accordance with and as per the applicable laws and regulations governing the operation of the above account (s) (including FEMA and any rule/ regulation/ notification/direction as may be issued by the RBI from time to time).

I/We further declare and undertake that any transaction involving foreign exchange hereunder shall not involve, and shall not be designed for the purpose of any contravention or evasion of the provisions of FEMA and/ or any other laws applicable to NRIs/ PIOs for account (s).

I/We hereby undertake to intimate ICICI Bank on my/our return to India for permanent residence immediately on arrival.

I/We undertake to abide by FEMA and close the above-mentioned account (s) (maintained and/ or operated by me/ us in my/ our capacity of an NRI/ PIO (as applicable)) on my/our becoming a resident Indian or convert the above account (s) to a resident account wherever such conversion is possible at ICICI Bank's end.

I/We hereby undertake and confirm that I/We have read and understood and hereby agree to the terms and conditions as provided at the time of savings bank account opening or at ICICI Bank's website at: www.icici.bank.in/nri by ICICI Bank to NRIs/ PIOs (the 'Terms and Conditions'). I/We understand that the Terms and Conditions are liable to be amended by ICICI Bank from time to time. I/ We acknowledge that it is my/ our responsibility to obtain a copy of the latest Terms and Conditions and read and understand the same.

It sh all be my/our responsibility to read, understand, agree to abide and be bound by and comply, at all times, and with all the relevant laws, regulations and rules applicable in relation to filing/disclosure or any other similar requirements that may apply to me/ us, under law, as a result of my/our country of citizenship, domicile or residence.

I/We declare, confirm, agree:

a. That all the particulars and information given by me/ us in the Application Form for the account (s) (the 'Application Form') are true, correct, accurate, complete and up to date in all respects and I/we have not with-held any information.
b. T hat I/We are not and have not had any insolvency, bankruptcy or similar proceedings initiated against me/ us nor have I/we ever been adjudicated insolvent.
c. Th at I/we have read the Application Form, the Terms and Conditions, ICICI Bank's website information and brochure. ICICI Bank reserves the right to reject any Application Form without providing any reason for the same.
d. I/We hereby agree and confirm that I/We wish to open an NRE/NRO account(s) (both Non Interest Bearing account (s)) as I/We do not want any interest to accrue and/ or be paid in to this account. I/We further undertake, agree and confirm that this account shall not be used by me/ us for any business or related transaction(s).

I/We agree, undertake and authorise:

a. IC ICI Bank or its agents to make references and enquiries related to information in this Application Form which ICICI Bank or its agents consider necessary for the purposes of account (s) opening, verification with respect to Know Your Customer ('KYC') and/ or Anti-money Laundering ('AML').
b. To notify ICICI Bank within two weeks, regarding any change in my/our residence / employment address, contact number and e-mail ID for communication as stated in the Application Form for opening the relationship, and provide any other information that ICICI Bank may require from time to time.
c. To inform ICICI Bank, of any changes in my passport/visa validity or number as and when these changes happen.
d. IC ICI Bank to have the right and authority to carry out investigations and seek information from the government/local authorities/credit bureaus/agencies etc. for confirming the information provided by me/us to ICICI Bank or my/our credit standing from any one as ICICI Bank may consider appropriate (such as a regulatory or legal authority or credit reference agency).

I/We agree, undertake and authorise:

a. IC ICI Bank or its agents to make references and enquiries related to information in this Application Form which ICICI Bank or its agents consider necessary for the purposes of account (s) opening, verification with respect to Know Your Customer ('KYC') and/ or Anti-money Laundering ('AML').
b. To notify ICICI Bank within two weeks, regarding any change in my/our residence / employment address, contact number and e-mail ID for communication as stated in the Application Form for opening the relationship, and provide any other information that ICICI Bank may require from time to time.
c. To inform ICICI Bank, of any changes in my passport/visa validity or number as and when these changes happen.
d. IC ICI Bank to have the right and authority to carry out investigations and seek information from the government/local authorities/credit bureaus/agencies etc. for confirming the information provided by me/us to ICICI Bank or my/our credit standing from any one as ICICI Bank may consider appropriate (such as a regulatory or legal authority or credit reference agency).
e. IC ICI Bank to use my/our information to administer my/our account (s) and for other business purposes including credit, address verification, or in relation to compliance with anyAML/KYC requirements. For the documents in a foreign language other than English, I/we permit ICICI Bank and its officers to verify the details of the document by using translation of external sources which are available in public domain and also the use of external agencies wherever applicable. In consideration of the same, I/we hereby keep ICICI Bank and its successors and its officers saved against all losses and damages arising out of the information shared with these external agencies.

I/We shall not make available to any person resident in India, foreign currency against reimbursement in Indian Rupees ('INR') or any other manner in India. I /we understand and acknowledge that in case I/We instruct ICICI Bank for any conversion of my/our remittance/s from one currency to another, for investment in PMS/ AIF, or for such other permissible purposes as permitted under FEMA, the currency conversion risk shall solely be borne by me/us.

I/We would confirm that all debits to my / our accounts for the purpose of investment in India and credits representing sale proceeds of investments in India are covered either by general or special permission of the RBI.

I/We have received a copy of tariff guide/schedule of charges. I/We have read and understood the contents of the brief schedule of charges provided in Tariff guide and detailed schedule of charges and agree to abide by the same, subject to changes made there to by ICICI Bank from time to time.

The Terms and Conditions are as per current regulatory environment and, the same are bound to change without prior notice as per changes in the regulatory framework.

In c ase of Bangladesh's citizens, I/We have obtained specific approval from the Reserve Bank of India to open the accounts for Non Resident Indians and a copy of the same has been submitted along with my/our Application Form.

In c ompliance with the rule 9B of the Prevention of Money Laundering (Maintenance of Records) Rules, , you are required to intimate us if there is any change in your KYC details along with updated documents (i.e. address, contact details, profile, etc.)within a period of 30 days from the date the change was made. Once you inti mate us, we will make necessary changes in our records. Any update can be intimated to the Bank by Portfolio Manager Service Providers (PMS).

1)I understand that access for digital banking will be enabled as per the consent. Further I understand that by opting for digital access. I authorize ICICI Bank to enable provisions of Corporate Internet Banking for each channel as available . I agree to abide by the same. 2)The consent provided shall be applicable to the new account being opened and all the existing accounts under that Cust ID. It will not impact access for other relationships. 3) I understand that to revoke the usage of the above services, I shall have to issue a revocation request to ICICI Bank in this regard. I agree that until 10 days after the receipt of such revocation request, the authorization as afore stated shall hold good. 4) The Bank will not be held responsible for any failure/men fulfilment of transaction due to such revocation of services across any product.5) Further for joint accounts (if applicable) I/We the joint holder's, hereby authorize the First holder to access the Digital banking as provided for the First holder and confirms the said appointment we the Joint holder/s, hereby state that I/we joint holder's, if wish to revoke the above authorization, I' we the joint holder/s, shall duly issue a letter revocation ("the revocation letter") to ICICI Bank in this regard. We hereby agree that until ten days after receipt of such revocation letter the authorization as aforesaid shall hold good.

Customer Declaration – FATCA

1. Under penalty of perjury, I certify that: a) The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ('U.S.') or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject toU.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person) or b) The applicant is taxable as a tax resident under the laws of a country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)
2. I understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.
3. I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
4. I agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report reportable details to CBDT or close or suspend my account.
5. certify that I have provided the information on this form to the best of my knowledge and belief and the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant. I am further aware that I am liable for penalty as per Income Tax Act, 1961 for furnishing inaccurate/false FATCA/CRS self-certification
6. I have read and understood the terms and conditions governing my accounts held with ICICI Bank Limited, India (ICICI Bank) as available on http://www.icici.bank.in/nribanking/ RH Stemp/term and Condition. html and shall be bound by them.
7. I/we certify that I have provided the information on this Form to the bes of my knowledge and belief and the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the Applicant. I am further aware that as per the Union Budget, 2023, a penalty of Rs. 5,000 per account shall be levied for furnishing inaccurate statement of financial transaction owing to false or inaccurate self-certification submitted by me under FATCA/CRS.

2. CLIENT DECLARATION FOR BANK ACCOUNT OPENING PRODUCT AND SERVICES AVAILED OUTSIDE THE HOME COUNTRY (IF APPLICABLE) ICICI Bank Ltd.

I/We hereby certify that I am/we are resident(s) of ____and that I/we have availed of this product/facility/service from ICICI Bank Ltd. ('ICICI Bank') while in India and executed all documents relating to such product or service while in India.

I/We hereby represent, warrant, agree and undertake on a continuing basis that:

The re are/ shall be no legal or regulatory prohibitions or impediments, as per the laws of my/ our home country, against my/ our maintaining my/ our relationship with ICICI Bank, including availing the aforementioned products/facilities/services from time to time;

In a vailing the aforementioned products/facilities/services from time to time I/ we shall ensure that I/ we are in full compliance with all laws and regulations, including, without limitation, all applicably exchange control/taxation laws/regulations in my/ our home country. I/ We shall obtain all necessary regulatory approvals, if required, in connection with any such transactions and shall promptly make all necessary regulatory reporting, as and when required, to the relevant authorities in my/ our home country or any other country of residence where I /we may relocate to in future and I/we agree to furnish copies of the approvals/reports, if any to ICICI Bank, upon request.

All decisions to avail the aforementioned products/facilities/services from time to time are/ shall be my/our own independent decisions, and are not/ shall not be made in reliance on any views or opinions, if any, as may be expressed by ICICI Bank or its representatives from time to time, and are/ shall be arrived at after personal analysis and careful consideration of the risks, benefits, terms and conditions taking into account my/ our investment objectives, financial situation and particular needs.

I/We shall not use the products/facilities/services availed from ICICI Bank in any manner which may subject ICICI Bank to the laws and regulations, including but not limited to any applicable tax laws of any country other than India.

I/we shall be solely responsible for complying with all laws and regulations applicable in my/our home country or any other country of residence where I/we may relocate in future, with respect to the products/facilities/services availed from ICICI Bank.

I/We are aware that the products/facilities/services availed by me/us while in India may or may not be serviced by the offshore branches/ representative offices/ subsidiaries of ICICI Bank located outside India.

I/We hereby request ICICI Bank its affiliates, representatives, associates, service providers and employees of ICICI Bank and its affiliates, to contact me by telephone, or otherwise communicate with me from time to time in connection with servicing issues pertaining to the relationship which I/we have with ICICI Bank/ its affiliates from time to time. In addition to the above, ICICI Bank, its affiliates and representatives, associates, service providers and employees of ICICI Bank and their affiliates may contact me from time to time by telephone, or otherwise communicate with me in connection with new products/services of ICICI Bank/ its affiliates.

I/We shall indemnify ICICI Bank, its affiliates, representatives, employees and agents against all losses, costs, expenses, suits, damages whatsoever arising out of or in connection with their assistance and their services that may be provided to me/us for availing the aforementioned products/facilities/services.

I/We acknowledge that ICICI Bank relies on my/ our representations, warranties, undertakings and statements contained herein in agreeing to establish/ continue its relationship with me/ us and in agreeing to provide the aforementioned products/facilities/ services to me/us from time to time.

3. SEAFARERS ACCOUNT OPENING DECLARATION (IF APPLICABLE)

I/We hereby declare and confirm that I am a/we are Non-Resident Indian and I am/we are presently / was on contract with____ (company) registered in ____(address of the principal). I/We request you to open a NRE Savings Account in my name on the basis of the submitted documents.

I/We also confirm that I/we will inform the Bank, in case I/we do not renew my contract or choose to go on a new contract OR I am/we are unable to proceed on a new contract or in any case in the event that my status of Non-Resident Indian is altered. Accordingly, I/we will have the Non-Resident accounts opened in my/our name re-designated to Resident / RFC accounts (as applicable).

4. DECLARATION ABOUT EXISTING RELATIONSHIP WITH BANK:

I/We hereby agree, confirm and authorise, the bank to re-designate the resident Savings / Current Account(s) & term deposits, if any, held by me/us with ICICI Bank at any point of time as deemed fit by ICICI Bank into Non-Resident Ordinary (NRO) Accounts/ deposits as the case may be.

I/We have been informed that:

A) If the resident account is held in the same Mode of Operation (MOP) as that of the account (the new Non-Resident account opened), and the second applicant continues to be a resident Indian, then the consent of the primary account holder is sufficient for re-designation. The mode of operation of such accounts will be updated to former or survivor.

B) If the Account and the resident account being re-designated are held in the same MOP with both the account holders being NRIs, then the consent of the primary account holder is sufficient for re-designation.

C) For accounts linked with 1-Direct facility (Demat and trading account) the trading account will be delinked and the resident Demat Account will be converted to an NRO Demat Account. I/We will not be able to trade in the secondary market till an NRI 3-in-1 account is opened within Portfolio Investment Scheme (PIS) approval.

D) The existing Debit Card on the resident account will be cancelled and a new domestic Debit Card shall be issued for the NRO Account. Customer can continue to use the existing cheque book.

5. PIS DECLARATION

I/We, Mr./Ms. ____& ____(all holders)declare the following and agree to the terms & conditions mentioned in this section: -

I/We agree, acknowledge and declare that:

1. My total holding of equity/preference shares including convertible debentures in any one Indian company shall not exceed 5% of the paid-up capital/paid-up preference capital/paid-up value of each series of convertible debentures.
2. I am aware of the Reserve Bank of India - Master Circular on Foreign Investments in India dated July 2, 2015 (RBI Circular) and will not:
   (i) invest in contravention thereof including in Chit Funds, Nidhi companies etc. as listed therein
   (ii) engage in short selling, take and make delivery of shares purchased or sold
   (iii) sell the securities purchased under PIS other than through the PIS route or without approval of the RBI
   (iv) transfer by gift or sale under private arrangement or pledge my PIS holdings without RBI approval.
3. In case I/we buy shares in contravention of the RBI Circular, I/we will arrange to sell the same immediately and losses if any will be borne by me/us.
4. I am fully aware that, I cannot hold more than one designated PIS Account at any time and undertake to adhere to the same. I shall inform the Bank-PIS cell of all my PIS transactions in the prescribed format with proof on the same day.
5. In case of any mismatch in the disclosure of the number of shares purchased or sold, the Bank shall:
   (i) have the right to debit my/our PIS Account for the balance of shares standing to my/our credit
   (ii) not be liable for any losses that I/we suffer due to the rejection of any transaction by the Bank
   (iii) have the right to suspend or cancel my/our PIS Account without any notice.

Note: A mismatch is said to have occurred when a transaction indicates a quantity of shares exceeding the quantity held in the PIS Account.

6. Purchases through my NRO Account shall be deemed to be on Non-Repatriation basis and purchases through my NRE Account shall be deemed to be on Repatriation basis, unless otherwise specified.
7. I/We will not at any time seek repatriation of the capital invested or of the income earned from shares/debentures purchased on Non-Repatriation basis. This undertaking will also bind my heirs, executors, successors and assigns and they will not be entitled to seek repatriation of any capital so invested by me or any income earned thereon.
8. I/We shall only use this PIS (NRE/NRO) Account for the purpose of investments in the secondary markets and no other transactions will be routed through this Account. I/We shall maintain separate Savings PIS Accounts (NRE/NRO) for investments in the secondary markets on Repatriation and Non-Repatriation bases respectively apart from maintaining the Savings NRE/NRO Account.
9. I/We shall inform the Bank about the nature of all shares (Rights/Bonus/IPOs etc.,) purchased or sold. The Bank may report to the RBI of shares acquired only through secondary markets, from the NRE PIS Account.
10. The Bank shall not be responsible for any breach/default of any laws or regulations by me in operating the PIS Account and the Bank may take necessary punitive or enforcement actions as an Authorised Dealer under FEMA.
11. I shall not purchase securities of any company (with or without the repatriation benefits) exceeding the ceiling limits under FEMA or as prescribed by the RBI from time to time. All consequences of failure to comply, including any losses shall be to my account.
12. I/We shall intimate the Bank about any change in the status of security holdings on account of Corporate Actions or otherwise (IPO/FPO, Rights, Buy Back, ESOP, Inheritance, Gift, off-market

transactions etc.,) to facilitate proper reporting to the RBI and perform Capital Gain computations as per the Income Tax Act, 1961. ICICI Bank will not undertake monitoring and follow-up of Corporate Actions associated with any holdings of the Account holder.

13. Non-Repatriable investments shall be made of fresh remittances received from abroad through normal banking modes out of funds held in the NRE/FCNR/NRO Account. Repatriable investments shall be made of fresh remittances received from abroad through normal banking modes and/or of funds held in the NRE/FCNR Account only.
14. I agree to the Service Charges and Account Maintenance Charges of the Bank as may be revised from time to time.
15. I hereby authorise the Bank to debit my Account (including NRE/NRO Account) for charges, payment of security purchase consideration, brokerage or settlement of claims from purchase/sale of securities or any other charges in relation to the Account.
16. I shall submit Chartered Accountant (CA) certificate and undertaking in the prescribed formats, in case I propose to pay Tax separately.
17. Payments for shares/receipts from the broker for sale of shares will be made against the amounts specified on the bills and no adjustment of purchases against sale transactions will be done even if various sale and purchase transactions are done during the same period. I understand that no NET Credit/Debit for daily transactions shall be permitted. All individual transactions in the PIS Account shall be reflected at their full value.
18. I shall indemnify and hold ICICI Bank harmless against any or all losses, costs, claims, expenses which ICICI Bank might incur/suffer because of my operations under PIS, including from third parties or due to unauthorised use of any of the systems preventing me from executing a transaction. I further agree that ICICI Bank shall not be liable for any loss whether actual or perceived, caused directly or indirectly by equipment failure, communication line failure, system failure, internet failure, securities failure on the internet, unauthorised access or any other problem technological or otherwise, that might prevent me from entering or the Bank from executing an order of sale or purchase under the PIS or for any other conditions which are beyond the Bank's control.
19. I will comply with existing statutory/regulatory requirements (including under the Reserve Bank of India (RBI)/Foreign Exchange Management Act, 1999 (FEMA)), including restrictions on purchase of shares banned by the RBI, for purchase by NRIs (check site: www.rbi.org.in) and will be solely liable for any non-compliance thereof. The Bank shall not be responsible for my default/breach of regulations/statutes/laws. Additionally, in case of any contravention of the applicable laws/regulations, the Bank may cancel or suspend the Account.
20. I agree to the exclusive jurisdiction of the Laws of India and courts at <Branch where the Account is opened> for resolving any dispute that arises out of the present arrangement.
21. In the event of any change in KYC details, I shall inform and submit updated documents (i.e., address, contact details, profile, etc.) to the Bank within 30 days from the date the change was made. I will immediately inform the Bank in case I become a Permanent Resident of India.
22. I/We shall be bound by any further conditions as may be imposed by the Bank from time to time.

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/We have read, understood and hereby agree to the terms stated in this Application Form as well as the Terms and Conditions governing Demat accounts as displayed on www.icici.bank.in and agree to abide by the same. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we 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. I/We acknowledge the receipt of copy of the document, 'Rights and Obligations of the Beneficial Owner and Depository Participant in

☐ Physical ☐ Electronic'.

I/We hereby give my/our voluntary consent in updating my/our Aadhaar Number to all my/our existing bank, Demat, custody accounts and to my/our existing customer profile.

I/We hereby state and undertake that I/We have no objection in authenticating myself with Aadhaar base Authentication system and hereby give my/our voluntary consent as required under the Aadhaar Act 2016 and regulations framed thereunder.

In case of my/our Date of Birth / Gender as per bank records do not match with that of as per my/our Aadhaar, I/We hereby authorise bank to rectify my/our Date of Birth / Gender in my/our Bank Records as per the Aadhaar.

I/We understand that the details furnished in this form (like PAN, Date of birth etc.) would be utilized by ICICI Bank Ltd to fetch my / our KYC details from various KYC (Know Your Customer) Registration Agency (KRA) and Central KYC Records Registry (CKYCR). We hereby provide our consent for fetching of such information.

I/We also provide consent for sharing the Aadhaar data and documents with KRA for validation of KYC information, as per regulatory requirement.

I/We voluntarily give my/our consent to ICICI Bank Ltd. for:(a) Using my/our Aadhaar details for authenticating my/our identity with UIDAI's Aadhaar based authentication system and obtaining demographic details (including photograph) from UIDAI;(b) Use of my/our registered mobile number to receive SMS alerts from ICICI Bank regarding Aadhaar; and(c) Sharing my Aadhaar details with UIDAI, concerned regulatory and / or statutory authorities as may be required under applicable law(s).

I/We have been informed that: (a) my/our Aadhaar details (including my/our demographic information) shared by UIDAI will not be used for any purpos e other than the purpose mentioned above or as per requirements of law; and (b) my/our biometric information will not be stored by the Bank.

I/We hereby understand that My/our request for updation of Aadhaar details will not be processed, if (a) Aadhaar details provided by me/us are incorrect ;(b) authentication with UIDAI fails due to mismatch of my/our details with UIDAI; (c) there is technical failure while authenticating Aadhaar details with UIDAI.

I/We hereby declare that I/we allow you to procure and/or fetch my details and documents from KRA / CKYC / PAN / Aadhaar to complete the KYC/CKYC process required for availing the Demat services from ICICI Bank. I/We further declare that the details furnished above / information available on KRA/CKYC registries are true, valid and updated and I/we undertake to inform you of any changes therein immediately.

Law and Jurisdiction: I hereby specifically agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India.

I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I understand that the Bank/ its group companies/ agents reserve the right to reject any application without providing any reason.

In compliance with the rule 9B of the Prevention of Money Laundering (Maintenance of Records) Rules, you are required to intimate us if there is any change in your KYC details along with updated documents (i.e. address, contact details, profile, etc.) within a period of 30 days from the date the change was made. Once you intimate us, we will make necessary changes in our records. Any update can also be intimated to the Bank by Portfolio Manager Service Providers (PMS).

☐ I/We hereby state that the money to be credited into the account for investment purpose will not be out of borrowed funds.

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.

I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA. I/We are aware that if I/we are eligible to open a depository account as a BSDA, the account shall be opened as a BSDA.However, I/We hereby opt out of BSDA i.e. avail the facility of regular account

6. DECLARATION APPLICABLE TO CUSTODY ACCOUNT ONLY:

a. We understand and confirm that the accounts will be operated under Power of Attorney and shall be governed under the terms and conditions of the Agreement for Custody Services executed between ICICI Bank and our Portfolio Management Service Provider and the same is agreeable to us.

b. I/We agree and acknowledge that ICICI Bank Ltd has been appointed as the custodian by my Portfolio Manager and shall have control over the account by way of a Power of Attorney issued by the Portfolio Manager in its favour. I/We represent that such Power of Attorney has been issued under due authorisation from me to the Portfolio Manager and agree to keep ICICI Bank Ltd indemnified from all losses caused due to acting upon such Power of Attorney.

7. CONSENT FOR ICICI BANK

*ICICI Bank Limited ("ICICI BANK") would like to use your personal details in the application /registration form from time to time to send you marketing information to inform you about products, services or promotional offers that are offered by us and in collaboration or through tie ups with partners/third parties. By opting the following methods of communications, you confirm that we may contact you for these purposes in one or more of the following ways

☐ By Post ☐ By Email ☐ By Social Media ☐ By SMS/Text ☐ By Telephone/Call ☐ Yes to Marketing by all of the above ☐ No to marketing by all of the above

*ICICI Bank would like to use your personal details in the application/registration form with its group entities/ partners s to send you marketing information about products, services or promotional offers that are offered by ICICI group entities/partners in collaboration with us By giving your preference below you either allow or disallow us to share your personal details in the application form/registration page:

☐ Yes I would like ICICI Bank group companies to contact me ☐ Yes I would like Partners of ICICI Bank to contact me

☐ No I do now wish ICICI Bank group companies and partners of ICICI Bank to contact me.

AUTHORISATION

1. LETTER OF AUTHORITY FOR CUSTODY ACCOUNT

To
The Manager
ICICI Bank Ltd.

Dear Sir,

Subject: Consent for sharing account and trade related details by ICICI Bank Ltd. ('ICICI Bank') with third parties for the purpose of computation of TDS and to facilitate secondary market transactions.

Reference: 1. NRE PIS Account : ____________ , ____________ **('NRE Account')**

2. NRE PIS Extension Account : ____________ , ____________ **('NRE Account')**

3. NRO Account : ____________ , ____________ **('NRO Account')**

4. NRO Account : ____________ , ____________ **('NRO Account')**

I/We, ______________________________ hereby give my/our consent and authorisation to ICICI Bank to share the fund balances available/ held by me/us in my/our NRE Account/NRO Account and Portfolio Investment Scheme account details, PIS letter and PIS related trade details / PIS holdings with my/our broker M/s ______________________ having SEBI registration number ____________ and registered office/place of business at ______________________________

____

who has been appointed and authorised by me/us to execute sale and purchase transactions of securities on my/our behalf, for the purpose of facilitating my/our secondary market investments. I/We agree and authorise ICICI Bank to share such details on a daily basis via email or any other mode as deemed fit by ICICI Bank.

I/We further authorise ICICI Bank to share trade transaction details such as name, account number, PIS permission number, transaction details in relation to my/our NRE Account/NRO Account with third party service provider i.e. ______________________ who has been appointed by ICICI Bank for computing tax deduction at source (TDS) on the secondary market transaction executed by me/us. With respect to computation of TDS. I/we agree and understand that the details of the trade transaction shared by my/our broker i.e.

______________________ with ICICI Bank and that ICICI Bank and its agent shall have no obligation to verify the accuracy or completeness of any such information thereof and shall not assume any responsibility nor have any liability whatsoever therefore. I/We further understand, that ICICI Bank shall have no liability for any losses costs, damages, expenses and penalties suffered by me/us, which is arising on account of any incomplete and/or inaccurate data provided by me/us of the broker, which resulted in incorrect computation of TDS or any excess/shortfall in the deduction of TDS by ICICI Bank or inadequate/incorrect reporting to RBI, as per the applicable guideline.

I/We shall not hold ICICI Bank responsible or liable for sharing information/details in accordance with this letter of authority. I/we shall indemnify and hold harmless ICICI Bank against any or all losses, costs, claims which ICICI Bank might incur/suffer as a result of my operations under PIS. I/We further hold ICICI Bank harmless and shall defend the Bank from any and all costs, expenses and charges arising from or by reason of any claims by third party with regards to my PIS transactions. I/We further agree that ICICI Bank shall not be liable for any loss whether actual or perceived, caused directly or indirectly by equipment failure, communication line failure, system failure, internet failure, securities failure on the internet, unauthorised access or any other problem technological or otherwise, that might prevent me from entering or ICICI Bank from executing on order to sale or purchase under the PIS, or for any other conditions which are beyond the Bank's control.

I/We confirm that notwithstanding the revocation ICICI Bank shall continue to be saved and harmless for all the action done prior to the said revocation.

2. LETTER OF AUTHORITY FOR NON-CUSTODY ACCOUNT

I/We, hereby give my/our consent ______________________________ hereby give my/our consent and authorisation to ICICI Bank to share the fund balances available/ held by me/us in my/our NRE Account/NRO Account and Portfolio Investment Scheme account details, PIS letter and PIS related trade details / PIS holdings with my/our broker M/s ______________________ and registered office/place of business at ______________________

____

who has been appointed and authorised by me/us to execute sale and purchase transactions of securities on my/our behalf, for the purpose of facilitating my/our secondary market investments. I/We agree and authorise ICICI Bank to share such details on a daily basis via email or any other mode as deemed fit by ICICI Bank.

I/We further authorise ICICI Bank to share trade transaction details such as name, account number, PIS permission number, transaction details in relation to my/our NRE Account/NRO Account with third party service provider i.e. ______________________ who has been appointed by ICICI Bank for computing tax deduction at source (TDS) on the secondary market transaction executed by me/us. With respect to computation of TDS. I/we agree and understand that the details of the trade transaction shared by my/our broker i.e. ______________________ with ICICI Bank and that ICICI Bank and its agent shall have no obligation to verify the accuracy or completeness of any such information thereof and shall not assume any responsibility nor have any liability whatsoever therefore. I/We further understand, that ICICI Bank shall have no liability for any losses, costs, damages, expenses and penalties suffered by me/us, which is arising on account of any incomplete and/or inaccurate data provided by me/us of the broker, which resulted in incorrect computation of TDS or any excess/shortfall in the deduction of TDS by ICICI Bank or inadequate/incorrect reporting to RBI, as per the applicable guideline.

I/We shall not hold ICICI Bank responsible or liable for sharing information/details in accordance with this letter of authority. I/we shall indemnify and hold harmless ICICI Bank against any or all losses, costs, claims which ICICI Bank might incur/suffer as a result of my operations under PIS. I/We further hold ICICI Bank harmless and shall defend the Bank from any and all costs, expenses and charges arising from or by reason of any claims by third party with regards to my PIS transactions. I/We further agree that ICICI Bank shall not be liable for any loss whether actual or perceived , caused directly or indirectly by equipment failure, communication line failure, system failure, internet failure, securities failure on the internet, unauthorised access or any other problem technological or otherwise, that might prevent me from entering or ICICI Bank from executing on order to sale or purchase under the PIS, or for any other conditions which are beyond the Bank's control.

I/We confirm that notwithstanding the revocation ICICI Bank shall continue to be saved and harmless for all the action done prior to the said revocation.

2. Letter of Authority

The details of my/our Account/s and stockbroker are as follows:

a) NRE (Non-Resident External) PIS Account no: ____________

b) NRO (Non-Resident Ordinary) Special Securities Account no: ____________

NRE PIS Account and NRO Special Securities Account are collectively referred to as 'Accounts'

c) Broker's Name: ______________________, SEBI (Securities and Exchange Board of India) Registration Number: ____________

1. I/We hereby authorise ICICI Bank to share the details including: (i) details of the Account/s and the balance/s therein; (ii) PIS letter; (iii) PIS holdings; (iv) PIS trade details, (v) PIS permission no. etc. in relation to the Account/s on such frequency as may be required, with:
   a. The Broker and
   b. The Bank's service provider including the Chartered Accountants, for computation of Tax Deducted at Source (TDS) on our secondary market transactions.
2. For computation of TDS, the Bank shall completely rely upon the details of the transactions shared by the Broker and the Bank or its agents shall not be obligated to verify the accuracy of the same.
3. I/We further authorise the Bank to honour all claims/demands for making the payment in the form of Contract Notes for the purchase of securities received from the Broker.
4. I/We shall be responsible for informing the Broker regarding the closure of the Account/s and the Bank will not be responsible for not making the payment against the purchase of Contract Notes.
5. I/We authorise the Bank to credit or debit the Account/s for honouring our purchase/ sale of contracts in the secondary market and transfer the funds to/from the Broker's Account.
6. I / We hereby authorise the Bank to debit my/our (Non-PIS) NRE Savings Account ____________ / NRO Savings Account ____________
   a. to transfer funds to the PIS Account/s in case of shortfall, for honouring a purchase contract
   b. to recover any service/maintenance charges in relation to the PIS Account/s
   c. on receipt of instructions from the Broker for payment of demat charges or any other charges related to my/our Demat Account/s held with the Broker and credit the Broker's Account held with the Bank

   The Bank shall not be responsible if any cheque/s is/are returned unpaid from my/our (Non-PIS) NRE Savings Account/s /NRO Savings Account/s, due to insufficient balance / any other consequences arising from this debit.
7. I/We, including my/our executors and successors agree to keep the Bank harmless and indemnified in case of any losses, damages, costs, claims of any nature, whether direct or indirect, arising due to or out of or on the basis of the Bank acting/ refraining from acting basis the authorisations given in this Letter.
8. I/We confirm that this Letter shall remain binding and irrevocable until revoked in writing by me/us. In case of termination of the relationship of the Bank with the Broker: (a) I/We may choose to opt for the services of another Broker with whom the Bank has an existing relationship OR (b) If I/we choose to continue to avail the services of the same Broker, the Bank shall have the right to terminate this Letter and close my/our Account/s. I/we confirm that in spite of the revocation, ICICI Bank shall continue to be saved and will be held harmless for all the actions prior to the said revocation.

3. AUTO DEBIT OF CHARGES FOR DEMAT ACCOUNT AND NRI RELATED SERVICES

- **Details of Depository account held with ICICI Bank Ltd.**

DP ID	
Client ID	
NRE PIS Permission / NRO Unique Reference Number	
Client Name	

- **Particulars of Bank**

Bank Name	
Branch Name & Address	
Bank Account Number	
Name of the Bank Account Holder/s	

I/We hereby declare that the particulars given above are correct and complete. I/We also undertake to advise any change in the particulars of my Bank account to facilitate updation of records for purpose of debit of bills raised by Depository Participants. I/We will also ensure that sufficient balance will be maintained in the above bank account at all the times. If any transaction is delayed or not effected at all for reasons of incomplete or incorrect information. I/We shall not hold ICICI Bank Ltd responsible.

4. CORPORATE INTERNET BANKING ACCESS

Mapping of Bank Accounts Into The Corporate Internet Banking (CIB)

a. I would like to avail the digital banking as per the option selected below for the new savings account being opened. Digital Banking View Access. (Please tick in respective checkbox)
Corporate Internet Banking Access ☐ Yes ☐ No

b. I/We hereby authorize to map the accounts being opened through this form in the CIB of the undermentioned Corporate ID and Users to grant View Access

Corporate ID :

User ID :

Applicant Type	Primary Applicant	Joint Applicant 1	Joint Applicant 2
Name			
Signature	Signature	Signature	Signature

IN PERSON AND KYC VERIFICATION

I have met Mr./Ms. ____

(Primary Applicant), Mr./Ms ____ (Joint Applicant 1)

& Mr./Ms ____ (Joint Applicant 2) in person and hereby confirm the identity filled in the relationship form and I have verified signed with the original documents.

Date: D D M M Y Y Y Y

Name of the Institution :

Employee No.:

At present working at:
(Mention city and country)

Employee Designation:

Employee Signature

ACKNOWLEDGEMENT

ICICI BANK LTD. Empire Complex, 1st Floor, 414 Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013

DP ID :

Received the application from Mr/Ms ____ as the sole/first holder along with ____ and ____ as the second and third holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date: D D M M Y Y Y Y

Participant Stamp & Signature

ICICI Bank

Central KYC Registry I Know Your Customer (KYC) Application Form I Individual - Primary Applicant

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T. code as per Indian Motor Vehicles Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for updated application.
J) The 'OTP' based E-KYC check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only
(To be filled by financial institution)

Application Type*: ☐ New ☐ Update
KYC Number: [Mandatory for KYC update request]
Account Type*: ☐ Normal ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS*

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
Maiden Name* Prefix First Name Middle Name Last Name
(First Name only if any)
Father's / Spouse's Name* Prefix First Name Middle Name Last Name
Mother's Name* Prefix First Name Middle Name Last Name
Date of Birth* D D M M Y Y Y Y   Gender: ☐ Male ☐ Female ☐ Transgender
Marital Status : ☐ Single ☐ Married ☐ Others   Citizenship*: ☐ Indian ☐ Others (ISO 3166 Country Code)
Residential Status* : ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin
PAN   ☐ Form 60 furnished   City of Birth:

☐ 2. PROOF OF IDENTITY AND PERMANENT ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number
☐ Voter ID Card
☐ Driving Licence
☐ NREGA Job Card
☐ National Population Register Letter
☐ Proof of Possession of Aadhaar

II. ☐ E-KYC Authentication

III. ☐ Offline verification of Aadhaar

Please affix your recent passport size photograph

Signature below photograph

Address
Line 1*
Line 2
Line 3   City / Town / Village*
Country*   Pin/Post Code*   State/U.T. Code*   ISO 3166 Country Code*

Address Type: ☐ Resident ☐ Business ☐ Registered Office ☐ Unspecified

☐ 3. CURRENT OVERSEAS RESIDENTIAL ADDRESS DETAILS

☐ Same as above mentioned address (in such cases address as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number
☐ Voter ID Card
☐ Driving Licence
☐ NREGA Job Card
☐ National Population Register Letter
☐ Proof of Possession of Aadhaar

II. ☐ KYC Authentication

III. ☐ Offline verification of Aadhaar

IV. ☐ Deemed Proof of Address - Document Type ____________   Document Number

V. ☐ Self Declaration

Address

Line 1*

Line 2

Line 3 City / Town / Village*

Country* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

☐ 4. CONTACT DETAILS (All communications will be send to mobile number / Email-ID provided)

Tel. (Off) Tel. (Res) Mobile

Email ID

☐ 5. REMARKS (If any)

☐ 6. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me/us are true and correct to the best of my/our knowledge and belief and I/we under-take 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.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : D D M M Y Y Y Y Place :

Signature / Thumb Impression of Applicant

☐ 7. ATTESTATION / FOR OFFICE USE ONLY

Document Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process

☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date : D D – M M – Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Company :

Employee Signature

INSTITUTION DETAILS

Name :

Code :

(Institution Stamp)

ICICI Bank

Central KYC Registry I Know Your Customer (KYC) Application Form I Individual - Joint Applicant 1

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T. code as per Indian Motor Vehicles Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for updated application.
J) The 'OTP' based E-KYC check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only
(To be filled by financial institution)

Application Type*: ☐ New ☐ Update

KYC Number: [Mandatory for KYC update request]

Account Type*: ☐ Normal ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS*

Name* (Same as ID proof) Prefix | First Name | Middle Name | Last Name

Maiden Name* (First Name only if any) Prefix | First Name | Middle Name | Last Name

Father's / Spouse's Name* Prefix | First Name | Middle Name | Last Name

Mother's Name* Prefix | First Name | Middle Name | Last Name

Date of Birth* D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender

Marital Status : ☐ Single ☐ Married ☐ Others Citizenship*: ☐ Indian ☐ Others (ISO 3166 Country Code)

Residential Status* : ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin

PAN ☐ Form 60 furnished City of Birth:

☐ 2. PROOF OF IDENTITY AND PERMANENT ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number
☐ Voter ID Card
☐ Driving Licence
☐ NREGA Job Card
☐ National Population Register Letter
☐ Proof of Possession of Aadhaar

II. ☐ E-KYC Authentication

III. ☐ Offline verification of Aadhaar

Please affix your recent passport size photograph

Signature below photograph

Address

Line 1*

Line 2

Line 3 City / Town / Village*

Country* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

Address Type: ☐ Resident ☐ Business ☐ Registered Office ☐ Unspecified

☐ 3. CURRENT RESIDENTIAL ADDRESS DETAILS

[Mention Overseas address (In case of NRI) / Indian Address (In case of Resident Indian)]

☐ Same as above mentioned address (in such cases address as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number
☐ Voter ID Card
☐ Driving Licence
☐ NREGA Job Card
☐ National Population Register Letter
☐ Proof of Possession of Aadhaar

II. ☐ KYC Authentication

III. ☐ Offline verification of Aadhaar

IV. ☐ Deemed Proof of Address - Document Type ____________ Document Number

V. ☐ Self Declaration

ICICI Bank

Address

Line 1*

Line 2

Line 3 City / Town / Village*

Country* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

☐ 4. CONTACT DETAILS (All communications will be send to mobile number / Email-ID provided)

Tel. (Off) Tel. (Res) Mobile

Email ID

☐ 5. REMARKS (If any)

☐ 6. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me/us are true and correct to the best of my/our knowledge and belief and I/we under-take 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.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : D D M M Y Y Y Y Place :

Signature / Thumb Impression of Applicant

☐ 7. ATTESTATION / FOR OFFICE USE ONLY

Document Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date : D D – M M – Y Y Y Y	Name :
Emp. Name :	Code :
Emp. Code :	
Emp. Designation :	
Emp. Company :	
Employee Signature	(Institution Stamp)

ICICI Bank

Central KYC Registry I Know Your Customer (KYC) Application Form I Individual - Joint Applicant 2

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick '✓' wherever applicable.
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T. code as per Indian Motor Vehicles Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for updated application.
J) The 'OTP' based E-KYC check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode.

For office use only
(To be filled by financial institution)

Application Type*: ☐ New ☐ Update
KYC Number: [Mandatory for KYC update request]
Account Type*: ☐ Normal ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS*

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
Maiden Name* (First Name only if any) Prefix First Name Middle Name Last Name
Father's / Spouse's Name* Prefix First Name Middle Name Last Name
Mother's Name* Prefix First Name Middle Name Last Name
Date of Birth* D D M M Y Y Y Y Gender: ☐ Male ☐ Female ☐ Transgender
Marital Status : ☐ Single ☐ Married ☐ Others Citizenship*: ☐ Indian ☐ Others (ISO 3166 Country Code)
Residential Status* : ☐ Resident Individual ☐ Non-Resident Indian ☐ Foreign National ☐ Person of Indian Origin
PAN ☐ Form 60 furnished City of Birth:

☐ 2. PROOF OF IDENTITY AND PERMANENT ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number
☐ Voter ID Card
☐ Driving Licence
☐ NREGA Job Card
☐ National Population Register Letter
☐ Proof of Possession of Aadhaar

II. ☐ E-KYC Authentication

III. ☐ Offline verification of Aadhaar

Please affix your recent passport size photograph

Signature below photograph

Address
Line 1*
Line 2
Line 3 City / Town / Village*
Country* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*
Address Type: ☐ Resident ☐ Business ☐ Registered Office ☐ Unspecified

☐ 3. CURRENT RESIDENTIAL ADDRESS DETAILS

[Mention Overseas address (In case of NRI) / Indian Address (In case of Resident Indian)]

☐ Same as above mentioned address (in such cases address as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number
☐ Voter ID Card
☐ Driving Licence
☐ NREGA Job Card
☐ National Population Register Letter
☐ Proof of Possession of Aadhaar

II. ☐ KYC Authentication

III. ☐ Offline verification of Aadhaar

IV. ☐ Deemed Proof of Address - Document Type ________________ Document Number

V. ☐ Self Declaration

ICICI Bank

Address
Line 1*

Line 2

Line 3 City / Town / Village*

Country* Pin/Post Code* State/U.T. Code* ISO 3166 Country Code*

☐ 4. CONTACT DETAILS (All communications will be send to mobile number / Email-ID provided)

Tel. (Off) Tel. (Res) Mobile

Email ID

☐ 5. REMARKS (If any)

☐ 6. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me/us are true and correct to the best of my/our knowledge and belief and I/we under-take 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.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : D D M M Y Y Y Y Place :

Signature / Thumb Impression of Applicant

☐ 7. ATTESTATION / FOR OFFICE USE ONLY

Document Received ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process
☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY

Date : D D – M M – Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Company :

Employee Signature

INSTITUTION DETAILS

Name :

Code :

(Institution Stamp)

Signature declaration for Demat Account

To
ICICI Bank Ltd.
Empire Complex, 1st Floor, 414, Senapati Bapat Marg, Lower Parel (W), Mumbai – 400 013

Dear Sir/Madam,

Mandatory Fields		Primary Applicant	Joint Applicant 1	Joint Applicant 2
A.	PAN Card No	PAN NO	PAN NO	PAN NO
B.	Supporting Document	NAME	NAME	NAME
		NUMBER (IF AVAILABLE)	NUMBER (IF AVAILABLE)	NUMBER (IF AVAILABLE)
Part 1 – If the signature recorded is different from the Supporting Document. (Please tick if applicable)				
C.		☐	☐	☐

Declaration:

With reference to my PAN Card / Supporting KYC document mentioned above and the account opening form submitted herewith, I request you to record with yourselves my latest signature as given below. The signature recorded in PAN Card / Supporting KYC document varies either because of lapse of time / my signature has changed. I confirm that my details and signature provided are true and updated. I have signed all account opening related documents, supporting documents including KYC documents with my latest signature as mentioned below in the presence of official doing IPV and OSV.

I undertake not to hold ICICI Bank or any of its officials responsible for any direct, indirect, claims, loss suffered by me due to the aforesaid signature declaration undertaken by ICICI Bank.

Applicant Type	**Primary Applicant**	**Joint Applicant 1**	**Joint Applicant 2**
Name			
Signature	Signature	Signature	Signature

Signature declaration for Bank Account

To
ICICI Bank Ltd.
Empire Complex, 1st Floor, 414, Senapati Bapat Marg, Lower Parel (W), Mumbai–400 013

Dear Sir/Madam,

Ref: Change in my signature

With reference to my document bearing reference number ______________________ and the account opening form I have submitted herewith, I request you to record with yourselves my specimen signature as provided below.

While the signature recorded in the <document> is different. This difference in signature is because of ______________________________

____

Applicant Type	**Primary Applicant**	**Joint Applicant 1**	**Joint Applicant 2**
Name			
Signature	Signature	Signature	Signature

Yours faithfully,

Signature of the Bank Official: ______________________________

Name of the Bank Official: ______________________________

Employee Number/Signature Number: ______________________________

Signature of the SM/BM/BOM: ______________________________

Name of the SM/BM/BOM: ______________________________

Employee Number/Signature Number: ______________________________

ICICI Bank

Consent format to be taken by ICICI Bank overseas offices

Date : ____________________

Customer name : ____________________

Passport number/CPR: ____________________

The customer hereby irrevocably authorises and consents to the ICICI Bank Limited acting through its representative office (Dubai/Abu Dhabi/ Sharjah)/ Bahrain Branch (the "Bank") to disclose, as and when the Bank is required to do so by applicable law or when the Bank regards such disclosure as necessary or expedient (including but not limited to disclosures for the purpose of providing any services to the customer availed/ to be availed with the Bank or any branch or subsidiary of ICICI Bank Limited whether singly or jointly with others or otherwise), any information provided to the Bank relating to me/us to:-

A. its head office, affiliates or any other branches or subsidiaries of ICICI Bank Limited within and outside UAE/Bahrain;

B. its auditors, professional advisers and any other person(s) under a duty of confidentiality to the Bank;

C. any exchange, market, Courts, or other authority or regulatory body having jurisdiction over the Bank, its head office or any other branch or subsidiary of ICICI Bank Limited or over any transactions effected by the customer or for the customer's account;

D. any person (including any agent, contractor or third party service provider) with whom the Bank contracts or proposes to contract with regard to the provision of services in respect of the customer's account(s) or in connection with the operation of the Bank's business;

E. any person employed with, or engaged as an agent by, the Bank or its head office or affiliates, including any relationship officers, whether in UAE/Bahrain or elsewhere, for the purposes of or in connection with interactions with the customers or providing services to the customers or processing transactions pertaining to the customers' accounts; and

F. to enable the Bank to centralize or outsource its data processing and other administrative operations) to the Bank's head office, its affiliates or third parties engaged by the Bank (whether within or outside UAE/Bahrain) for any such services/operations.

The purposes for which the customer data may be used:

1. the processing of applications for, and the daily operation of the services ;
2. creating and maintaining the Bank's risk related models;
3. meeting the requirements to make disclosure under the requirements of any law, rule, regulation, order, ruling, judicial interpretation or directive (whether or not having the force of law) applicable to ICICI Bank Limited or (any of its branches) and its agents and affiliates in whichever geography as applicable;
4. any other purposes permitted by law; and
5. purposes relating to account opening.

Signature	✍ ____________________ Signature of Primary Applicant	✍ ____________________ Signature of Joint Applicant 1	✍ ____________________ Signature of Joint Applicant 2

NCCT Country Declaration

I/We hereby confirm that all details submitted above are true and verified and in case of any due diligence requirement will provide relevant documentary evidence to Bank.

Signature	Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2

Annexure – Due Diligence report – NCA Account Opening

Barcode/ Track ID : ______________________

Name of Applicant : ______________________

SR	Details to be obtained from the customer	RM's Inputs
1	Employer name	
	Designation	
	Location of employer/workplace	
2	No. of years in job/Service/contract period	
3	Mode of Salary / Wages/ Income	
4	Sponsor name – as applicable	
5	Gross Income in INR	

RM/ Sourcing officer Name : ______________________

RM/ Sourcing officer Signature : ______________________

ICICI Bank

ANNEXURE NA – 5

PEP Customer Declaration

I, ____ (Name and Designation) hereby declare the following:

1. Family members* and close associates** holding accounts with ICICI Bank (Please specify name, relation and account number).

No.	Name	Relationship with the customer	Account Number	Type of account

2. Please specify the Source of Funds of the PEP and family members of the PEP:

☐ Salary ☐ Business Income

☐ Agriculture ☐ Investment

☐ Inheritance ☐ Rent

☐ Pension ☐ Funds from Family members

☐ Others (please specify)

3. Total Value of Source of Funds (INR) - ______________________________

4. Please specify the Source of non-custody/ Total Assets :

☐ Annual Income ☐ Investments including stock holdings

☐ Immovable Property ☐ Family Estate/ Inheritance

☐ Any other assets (Please Specify)

5. Total Value (INR) of Declared Assets - ______________________________

I certify the above information to the best of my knowledge.

Signature	______________ Signature of Primary Applicant	______________ Signature of Joint Applicant 1	______________ Signature of Joint Applicant 2

Date : ____________________

Note:

*'Family members' includes • the spouse • the children and their spouses, and • the parents

*'Close Associates' is likely to include: • any natural person who is known to have joint beneficial ownership of legal entities and legal arrangements or any other close business relationship with the PEP, and • any legal entity or legal arrangement whose beneficial owner is the PEP alone and which is known to have been set up for the benefit of the PEP

ANNEXURE NA – 2

Approval for PEP account opening Information to be provided for approval

S. No	Particulars	Response	Remarks
1	Is the customer falling under the category of PEP? (Please provide the basis for determination as to whether he has been identified as PEP through declaration or through search on PEP database or through any other source, please specify)		
2	Please describe the title/prominent position held by the PEP.		
3	Country where the PEP holds the position		
4	Since when is the PEP positionheld (Please specify the period/ length of time)		
5	Whether still holding the position of PEP (If not, date or year that the PEP left their position).		
6	Any adverse features noted in the political position of the customer? (If yes, please provide nature of the features as well as the sources of information)		
7	Whether standard customer-due-diligence measures undertaken on the customer? (Please provide any adverse observations, if any)		
8	Any unusual features noticed / requests made at the time of account opening? (If yes, please provide the nature of unusual features/ requests)		
9	Any Negative News/Adverse Media report observed against the PEP or family members or close associates		
10	What is the purpose ofaccount opening/ relationship?		
11	Please provide the sources from where the information is collected		

Based on the above information, the account of ____ (name of the PEP) could be / could not be opened/ continued (strike down whichever is not applicable).

Signature Signature of the Employee (filling up the questionnaire)	
Name of the Employee:	
Employee No & Designation:	
Date of filling up the annexure:	
Signature of the Business Head:	
Date of Approval:	

Date ____________________

Declaration – NRI Joint Holder in Resident Account

NRI Joint holder Name : ____

Account Number : __________________________________

I am the joint account holder of SB/FD/RD/Current Account bearing No .... which stands in my name and in the name of Shri/Smt. .... who is my .... (state relationship). I hereby undertake that no NRI proceeds pertaining to me shall be credited to the mentioned resident account. I shall not use the proceeds lying in the above account / or accounts linked in the cust id mentioned above, for any transaction in contravention of the provisions of the Foreign Exchange Management Act (FEMA) 1999, Rules/Regulations made thereunder and the related circulars/instructions issued by the Reserve Bank from time to time. I further undertake that if any such transaction is put through the said account in contravention of the FEMA, 1999 or Rules/Regulations made thereunder, I shall be held responsible for the same. I shall intimate my bank in the event of any change in my Non-resident / Resident status.

Bank may also initiate closure of the account, if the above mentioned guidelines are violated.

Purpose of being added as a joint holder (tick the right reason):

☐	To operate the account on behalf of my parents who are old
☐	To facilitate in operating the account as the resident account holder/s is/are not able.
☐	To operate the account on behalf of my relatives who are old
☐	Others: Specify...

____

NRI joint holder name and signature

____

Primary (resident) holder name and signature

Declaration of PPF (Public Provident Fund) and SSY (Sunkanya Samriddhi Yojana) for Conversion of Resident Account to NRO

1. **Public Provident Fund-**

   Please Note, in case there is a PPF Account opened by you:

   a. If the date of opening of PPF Account is prior to date of becoming NRI then PPF Account will be converted to NRI status. You can contribute towards PPF Account on non-repatriation basis. PPF Account shall be continued till maturity, but extension of account is not allowed as per scheme rules

   b. If the date of opening of PPF Account is later than the date of becoming NRI then PPF Account will be closed and no interest shall be payable from the date of opening of PPF Account.

Signature	Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2

2. **Sukanya Samruddhi Yojana-**

   Please note, in case there is a SSY Account opened by you:

   Your SSY Account will be prematurely closed and no interest will be payable from the date of conversion to NRI

Signature	Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2

ICICI Bank

NRE ANNEXURE - I

FOR SHARES ACQUIRED THROUGH PRIMARY MARKET ON REPATRIABLE BASIS (NRE SHARES) INCLUDING COROPRATE ACTION EFFECTS

Customer Name : ______________________ Date : D D M M Y Y Y Y

NRE PIS Permission Number : ______________________ PIS Account ______________________

Sr. No.	Name of Company/Security	ISIN	DP ID	Demat Account Number	Demat Credit Date	Date of Acquisition (DD/MM/YYYY)	Number Shares / Quantity in Figures	Acquisition Price (per share)	Type of security	If type of security is Equity, is STT paid at the time of Purchase (Yes/ No)	If No, please mention the Mode of Acquisition*	Code Number* (1/2)

NOTES: - 1. In absence of RBI approval number, Documentary evidences to be obtained confirming the shares are acquired on repatriation basis.
2. Annexure to be submitted along with latest demat holding statement. The name and total number of securities mentioned in above annexure should match as per latest Demat holding.

Sr. No.	Mode of Acquisition*	Code Number *
1	A. If securities acquired through IPO/FPO/FDI Scheme/Bonus, Split, Amalgamation, Demerger, Merger, Consolidation, Capital Reduction,Rights /ESOP /Conversion of Preference shares,Bonds , debentures / Global Depository Recipts (GDR) into Equity shares,Slump Sale, prior to IPO allottment.	If STT is not paid on purchases of these securities, please mention "Code 1". As per amendment in the Finance Act, 2018 when these mentioned securities are sold,and if the said shares are acquired on or after 1/10/2004 and there is Long term capital gain, though STT is not paid it shall be taxable @ 10% as provided in Sec 112A of the Income Tax Act,1961.
2	B. If the securities are acquired in the form of a gift from other person and such other person has acquired such Securities under the ESOP scheme.	"Code 2" to be mentioned
	C. Other than "B" above, if securities acquired through gift / inheritance / will from the other person and such other person at the time of acquisition of such securities has paid securities transaction tax or complied with CBDT notification no 60/2018/F.No. 370142/9/2017-TPL dated 01 October 2018.	"Code 1" to be mentioned or else "Code 2"
	*If securities are existing listed equity share which are acquired : (a) through other NRI's/Private arrangement from RI/NRI/off market/any other mode (b) through preferential issue (shares of company which are not traded frequently on stock exchange) (c) between the period of delisting of shares and re-listing of such shares"	If STT is not paid on purchases of these securities , please mention "Code 2". As per the amendment in the Finance Act, 2018 when the securities other than mentioned in Pt. 1 are sold, and if the said shares are acquired on or after 1/10/2004 and there is Long term capital gain, If STT is not paid it shall be taxed at the appropriate rate as per the Income Tax Act,1961.

I/We hereby verify and confirm that what has been stated above is true to the best of my/Our Knowledge and nothing material has been concealed therefrom.

I/We agree to abide by the provisions of the NRE Accounts as laid down by the RBI and as per the relevant Account regulations as amended from time to time. I/we also agree that if any of the statements /declarations made herein are found to be incorrect, the Bank/CA certifying Form 15CB shall not be held responsible. I/We shall indemnify and hold harmless the Bank and the CA against any direct/indirect losses, cost or claims, including any statutory levies which the Bank/CA might incur/suffer as a result of the wrong/incorrect declaration

Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2

NRO ANNEXURE - II

FOR SHARES ACQUIRED THROUGH PRIMARY MARKET ON NON -REPATRIABLE BASIS (NRO SHARES) INCLUDING COROPRATE ACTION EFFECTS

Customer Name : ______________________________ Date : D D M M Y Y Y Y

NRO Securities Unique Reference Number : ______________________ NRO Account Number : ______________________

Sr. No.	Name of Company/Security	ISIN	DP ID	Demat Account Number	Demat Credit Date	Date of Acquisition (DD/MM/YYYY)	Number Shares / Quantity in Figures	Acquisition Price (per share)	Type of security	If type of security is Equity, is STT paid at the time of Purchase (Yes/ No)	If No, please mention the Mode of Acquisition*	Code Number* (1/2)

NOTES: - 1. Annexure to be submitted along with latest demat holding statement. The name and total number of securities mentioned in above annexure should match as per latest Demat holding.

Sr. No.	Mode of Acquisition*	Code Number *
1	A. If securities acquired through IPO/FPO/FDI Scheme/Bonus, Split, Amalgamation, Demerger, Merger, Consolidation, Capital Reduction,Rights /ESOP /Conversion of Preference shares,Bonds, debentures / Global Depository Recipts (GDR) into Equity shares,Slump Sale, prior to IPO allottment.	If STT is not paid on purchases of these securities, please mention "Code 1". As per amendment in the Finance Act, 2018 when these mentioned securities are sold,and if the said shares are acquired on or after 1/10/2004 and there is Long term capital gain, though STT is not paid it shall be taxable @ 10% as provided in Sec 112A of the Income Tax Act,1961.
2	B. If the securities are acquired through a gift from another person and such other person has acquired such Securities under the ESOP scheme.	"Code 2" to be mentioned
	C. Other than "B" above, if securities acquired through gift / inheritance / will from the other person and such other person at the time of acquisition of such securities has paid securities transaction tax or complied with CBDT notification no 60/2018/F.No. 370142/9/2017-TPL dated 01 October 2018.	"Code 1" to be mentioned or else "Code 2"
	*If securities are existing listed equity share which are acquired : (a) through other NRI's/Private arrangement from RI/NRI/off market/any other mode (b) through preferential issue (shares of company which are not traded frequently on stock exchange) (c) between the period of delisting of shares and re-listing of such shares	If STT is not paid on purchases of these securities , please mention "Code 2". As per the amendment in the Finance Act, 2018 when the securities other than mentioned in Pt. 1 are sold, and if the said shares are acquired on or after 1/10/2004 and there is Long term capital gain, If STT is not paid it shall be taxed at the appropriate rate as per the Income Tax Act,1961.

For computation of LTCG U/s 112A for securities acquired on or before 31 st January 2018 , the purchase cost of acquisition will be determined as stated below : Higher of : a) The actual cost of acquisition and b) Lower of: (i) The fair market value of shares on 31st January, 2018 and (ii) Sales consideration of shares.

I/We hereby verify and confirm that what has been stated above is true to the best of my/Our Knowledge and nothing material has been concealed therefrom.

II/We agree to abide by the provisions of the NRO Accounts as laid down by the RBI and as per the relevant Act and Regulations as amended from time to time. I/we also agree that if any of the statements /declarations made herein are found to be incorrect, the Bank/CA certifying Form 15CB shall not be held responsible. I/We shall indemnify and hold harmless the Bank and the CA against any direct/indirect losses, cost or claims, including any statutory levies which the Bank/CA might incur/suffer as a result of the wrong/ incorrect declaration.

Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2

ICICI Bank

Close Relative Declaration for Demat Account

Account Number: ______________________________

Form Number: ______________________________
(To be filled by the Applicant)

Name of the Applicant:
Mr. / Ms. / Dr. ______________________________

(First name) (Middle name) Last name)

I hereby solemnly declare that

I stay with Mr./Ms./ Dr. ______________________________

(First name) (Middle name) Last name)

The proof of my current / permanent address as mentioned on the account opening form is in the name of my relative.

My Relationship with Address Proof Holder:

☐ Members of HUF	☐ Husband	☐ Wife	☐ Father (including step father)
☐ Mother (including step mother)	☐ Son (including step son)	☐ Son's wife	☐ Daughter
☐ Daughter's husband	☐ Brother (including step brother)	☐ Sister (including step sister)	

I am enclosing the below as a proof of relationship (Tick whichever is applicable):

☐ Passport	☐ Birth Certificate	☐ Marriage Certificate	☐ Ration Card
☐ Matriculation Certificate	☐ School Leaving Certificate	☐ PIO and OCI card issued by Indian Government	
☐ Driving License	☐ Life Insurance policy	☐ PAN card	☐ Affidavit
☐ Aadhaar Card	☐ Voter's ID Card	☐ NREGA Job Card	

Declaration by the Account Holder:

I, the account holder solemnly affirm:

My current / permanent address is as mentioned in the Account Opening Form.

The information given above is correct and nothing has been concealed.

I am aware it is illegal and a criminal offence to deliberately furnish false information or suppress information.

That I undertake to be entirely responsible for any loss/ expenses incurred by the Bank on account of relying on my declaration.

(Signature of applicant) ✍ ______________________________

Place: ______________________________ Date: ______________________________

Declaration by the Address Proof Holder:

I, the address proof holder solemnly affirms:

I, have no objection to allow the Applicant to use my address for bank communication purposes.

The said applicant resides with me at my residential address for which I have provided a valid proof as per bank's requirements.

The information given above is correct and nothing has been concealed and I am aware it is illegal and a criminal offence to deliberately furnish false information or suppress information.

(Signature of address proof holder) ✍ ______________________________

Place: ______________________________ Date: ______________________________

Additional disclosures applicable to NRI clients who have acquired Residence and citizenship by investment under high-risk CBI/RBI schemes identified by OECD

1. Did you obtain residence rights under an CBI/RBI scheme? If yes, please specify the country and answer the below questions.

____

2. Do you hold residence rights in any other jurisdiction(s)? If yes, please specify the Country

____

3. Have you spent more than 90 days in any other jurisdiction(s) during the previous year? If yes, please specify the Country

____

4. In which jurisdiction(s) have you filed personal income tax returns during the previous year?

____

Updated list of countries falling under RBI/CBI scheme and necessary Frequently Asked Questions (FAQs) may be accessed through https://web-archive.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/residence-citizenship-by-investment/ link, on OECD website.

Annexure –AA

(Applicable if communication address is other than ICICI Bank)

Date: ____________

To,

The Manager,

ICICI Bank, India

Ref. to my/our NRI account opening request with ICICI Bank, India.

I/we hereby declared that my/our address is as mentioned on Passport/other OVD document which is submitted by me/us for opening/servicing NRI bank account with ICICI Bank, India. However, I/we desire to have overseas address mentioned in the account opening form as my/our communication address.

Yours sincerely,

Signature of Primary Applicant	Signature of Joint Applicant 1	Signature of Joint Applicant 2

Name of the customer/s>

ICICI Bank

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.

2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"

6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/ directions/notifications issued from time to time.

7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/ Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

13. The stock broker / stock broker and depository participant shall not directly / indirectly compel the clients to execute Power of Attorney (PoA) or Demat Debit and Pledge Instruction (DDPI) or deny services to the client if the client refuses to execute PoA or DDPI.

Statement of account

14. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.

15. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Bos and shall resume sending the transaction statement as and when there is a transaction in the account.

16. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.

17. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no Page 3 of 4 charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

19. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

20. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

21. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

22. As per Section 16 of Depositories Act, 1996,
    1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
    2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

23. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

24. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.

25. The Joint holders are aware that in case of any Statutory Order for freezing any one joint holder, the demat account will be frozen and the other joint holders will have to obtain a specific Order for unfreezing their percentage of joint ownership by submitting the relevant documentary proof to the Order issuing authority.

Redressal of Investor grievance

26. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorised representative

27. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

28. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.

29. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.

30. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.

31. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI.

32. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.

33. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

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