ICICI Bank

CUSTODIAL SERVICES

Demat Account Opening Form for Individual

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

February, 2026

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

General Clause

1. The Beneficial Owner and the Depository participant (DPI 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 data 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 anyone joint holder, the demat account will be frozen and the other joint holders willhave 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 end 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.

Annexure 2.1

ACCOUNT OPENING FORM *(FOR INDIVIDUAL)*

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

(To be filled by the Depository Participant)

Application No.		Date:	D D – M M – Y Y Y Y
DP Internal Reference No.			
DP ID		Client ID	

(To be filled by the applicant in **BLOCK LETTERS** in English)

I/We request you to open a Demat account in my/ our name as per following details:

A. DETAILS OF ACCOUNT HOLDER

Sole / First Holder's Name#		PAN	
		UID	
		UCC	
		Exchange Name & ID	
Second Holder's Name		PAN	
		UID	
Third Holder's Name		PAN	
		UID	

Occupation: ☐ Private / Public Sector ☐ Govt. Service ☐ Business ☐ Professional ☐ Agriculture ☐ Retired ☐ Housewife ☐ Student ☐ Others (Specify) _____

B. *In case of Firms, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name of the Firm, Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned above.

Name

C. Type of Account (Please tick whichever is applicable)

Status	Sub -Status		
☐ Individual	☐ Individual Resident	☐ Individual-Director	☐ Individual Director's Relative
	☐ Individual HUF / AOP	☐ Individual Promoter	☐ Minor
	☐ Individual Margin Trading A/C (MANTRA)	☐ Others(specify) _____	
☐ NRI	☐ NRI Repatriable	☐ NRI Non-Repatriable	☐ NRI Repatriable Promoter
	☐ NRI Non-Repatriable Promoter	☐ NRI – Depository Receipts	☐ Others (specify) _____
☐ Foreign National	☐ Foreign National	☐ Foreign National - Depository Receipts	☐ Others (specify) _____

D. Details of Guardian (in case the account holder is minor)

Guardian's Name		PAN	
Relationship with the applicant			

E. Standing Instructions

I / We instruct the DP to receive each and every credit in my / our account (If not marked, the default option would be 'Yes')		[Automatic Credit] ☐ Yes ☐ No
I / We would like to instruct the DP to accept all the pledge instructions in my /our account without any other further instruction from my/our end (If not marked, the default option would be 'No')		☐ Yes ☐ No
Account Statement Requirement	☐ As per SEBI Regulation ☐ Daily ☐ Weekly ☐ Fortnightly ☐ Monthly	
I / We request you to send Electronic Transaction-cum-Holding Statement at the email ID _____		☐ Yes ☐ No
I / We would like to share the email ID with the RTA		☐ Yes ☐ No
I / We would like to receive the Annual Report (Tick the applicable box. If not marked the default option would be in Physical)	☐ Physical / ☐ Electronic / ☐ Both Physical and Electronic	
I/ We wish to receive dividend / interest directly in to my bank account as given below through ECS (If not marked, the default option would be 'Yes') [ECS is mandatory for locations notified by SEBI from time to time]		☐ Yes ☐ No
SMS Alert Facility Refer to Terms & Conditions given as **Annexure - 2.4**	MOBILE NO. + 9 1	
	[(Mandatory , if you are giving Power of Attorney (POA)] (if POA is not granted & you do not wish to avail of this facility, cancel this option).	
Easi	To register for *e*asi, please visit our website www.cdslindia.com. *E*asi allows a BO to view his ISIN balances, transactions and value of the portfolio online.	

 # Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same

F. Mode of Operation for Execution of Transactions (Transfer, Pledge & Freeze)

☐ Jointly ☐ Anyone of the Holder

Consent for Communication to be received by first account holder/ all Account holder: (Tick the applicable box. If not marked the default option would be **first holder**.

☐ First Holder	☐ All Holder	Email id
	☐ Second Holder	
	☐ Third Holder	

G. Bank Details [Dividend Bank Details]

Bank Code (9 digit MICR code)																		
IFS Code (11 character)																		
Account number																		

Account type	☐ Saving	☐ Current	☐ Other (Specify) _____				
Bank Name							
Branch Name							
Bank Branch Address							
City		State		Country		PIN Code	

(i) Photocopy of the cancelled cheque having the name of the account holder where the cheque book is issued, (or)
(ii) Photocopy of the Bank Statement having name and address of the BO
(iii) Photocopy of the Passbook having name and address of the BO, (or)
(iv) Letter from the Bank.
➢ In case of options (ii), (iii) and (iv) above, MICR code of the branch should be present / mentioned on the document.

H. INCOME DETAILS

Gross Annual Income Details	**Income Range per annum:** ☐ Up to Rs.1,00,000 ☐ Rs 1,00,000 to Rs 5,00,000 ☐ Rs 5,00,000 to Rs 10,00,000 ☐ Rs 10,00,000 to Rs 25,00,000 ☐ More than Rs 25,00,000 Net worth as on (Date) D D – M M – Y Y Y Y Rs [Net worth should not be older than 1 year]

I. Please (✓) tick, if applicable:

☐ Politically Exposed Person (PEP) ☐ Related to Politically Exposed Person (RPEP)

Any other information:

J. Nomination Details

☐ I/We hereby confirm that I/We do not wish to appoint any nominee in my 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 Demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets in the Demat account.

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

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			
E-mail 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			

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			
E-mail 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			

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				
E-mail 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 off portions that are not relevant)

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account, you have to provide nomination. Otherwise, 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 entitiled 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 holder 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 specifed 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 %

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.) 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). 6.) DP ID and client ID shall be provided where demat details is required to be provided.

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./Mrs.)				
Second Holder (Mr./Mrs.)				
Third Holder (Mr./Mrs.)				

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

Declaration

I/We have received and read the Rights and Obligations document and terms & conditions and agree to abide by and be bound by the same and by the Bye Laws as are in force from time to time. I/We declare that the particulars given by me/us above are true and to the best of my/our knowledge as on the date of making this application. I/We agree and undertake to intimate the DP any change(s) in the details/ Particulars mentioned by me / us in this form. I/We further agree that any false / misleading information given by me / us or suppression of any material information will render my account liable for termination and suitable action.

In case non-resident account. I/we also declare that I/we have complied and will continue to comply with FEMA regulations.

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 Client) Registration Agency (KRA) and Central KYC Record Registry (CKYCR). We hereby provide our consent for fetching of such information.

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

I/We confirm that the information and date as available on my CKYC & KRA registries is true, correct, valid and updated and ICICI Bank Ltd. can rely on this information for opening this Demat account.

I agree and acknowledge that ICICI Bank Limited 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 represent that such Power of Attorney has been issued under due authorization from me to the Portfolio Manager and agree to keep ICICI Bank Limited indemnified from all losses caused due to acting upon such Power of Attorney.

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.

Depository Services - Tariff Schedule

	First/Sole Holder or Guardian (in case of Minor)	Second Holder	Third Holder
Name			
Signatures			

(Signatures should be preferably in blue ink).

Notes:

1) All Charges will be billed on monthly basis. 2) Bank Account maintainance, PINS Application and CA Certification charges are additional. 3) All charges are including depository charges but excluding GST and any other statutory levies, if applicable. 4) Services other than those mentioned above will be charged for additionally. 5) ICICI Bank shall debit the charges from the current 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) 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.

---------- (Please Tear Here) ----------

Acknowledgement Receipt

Application No.: Date: D D – M M – Y Y Y Y

We hereby acknowledge the receipt of the Account Opening and nomination Application Form:

Name of the Sole / First Holder		
Name of Second Holder		
Name of Third Holder		

Depository Participant Seal and Signature

ICICI Bank

FATCA/CRS Declarations Form for Individual

To: ICICI Bank Limited India

Customer ID :

Name :

Primary Holder ☐ Joint Applicant 1 ☐ Joint Applicant 2 ☐ Joint Applicant 3

Residential Status (Resident/Non-Resident): ____________________

FATCA/CRS Declarations Form				
Part I – Please fill in the country for each of the following:				
		Sole/First Holder	**Second Holder**	**Third Holder**
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) ____ (ii) ____ (iii) ____	(i) ____ (ii) ____ (iii) ____	(i) ____ (ii) ____ (iii) ____
e)	Whether a US Person (a citizen or resident of the US or a green card holder or an estate of a decedent who was a citizen or resident of US)	☐ Yes ☐ No	☐ Yes ☐ No	☐ Yes ☐ No
(If in any of the fields above, the country mentioned by the customer is outside India or he/she is a US person additional FATCA/CRS details are to be provided.				

Part II - Please note:

a. If in all fields above, the country mentioned by you is India (except in case of seafarers) and if you do not have US person status, please proceed to Part III for signature.

b. If for any of the above field, the country mentioned by you is not India and/or if you US person stats is Yes, please provide the Tax Payer identification Number (TIN) or functional equivalent as issured in the specific country in the table below:

i)	☐ TIN or	TIN / FE Number	TIN / FE Number	TIN / FE Number
	☐ Functional equivalent (please specify name and number)	FE Document Name	FE Document Name	FE Document Name
	Country of issue			
ii)	☐ TIN or	TIN / FE Number	TIN / FE Number	TIN / FE Number
	☐ Functional equivalent (please specify name and number)	FE Document Name	FE Document Name	FE Document Name
	Country of issue			
iii)	☐ TIN or	TIN / FE Number	TIN / FE Number	TIN / FE Number
	☐ Functional equivalent (please specify name and number)	FE Document Name	FE Document Name	FE Document Name
	Country of issue			

c. If you satisfy the criteria mentioned in II (b) above but do not have Taxpayer identification Number/functional equivalent, please tick the reason for the same as given below:

	I am a person resident outside India with (choose only if applicable)	☐ Country not issuing TIN/Functional equivalent (mention ☐ Visa/ ☐ Residence/ ☐ Work permit number) ____ ☐ Dependent visa ____ (mention dependent visa number) ☐ Student visa ____ (mention student visa number) ☐ Seafarer status ____ (mention CDC/Visa number) ☐ Going to the country of residence for the first time ____ (mention visa number. TIN/functional equivalent to be communicated to the bank within 90 days, else account will get closed)	☐ Country not issuing TIN/Functional equivalent (mention ☐ Visa/ ☐ Residence/ ☐ Work permit number) ____ ☐ Dependent visa ____ (mention dependent visa number) ☐ Student visa ____ (mention student visa number) ☐ Seafarer status ____ (mention CDC/Visa number) ☐ Going to the country of residence for the first time ____ (mention visa number. TIN/functional equivalent to be communicated to the bank within 90 days, else account will get closed)	☐ Country not issuing TIN/Functional equivalent (mention ☐ Visa/ ☐ Residence/ ☐ Work permit number) ____ ☐ Dependent visa ____ (mention dependent visa number) ☐ Student visa ____ (mention student visa number) ☐ Seafarer status ____ (mention CDC/Visa number) ☐ Going to the country of residence for the first time ____ (mention visa number. TIN/functional equivalent to be communicated to the bank within 90 days, else account will get closed)
	OR			
	I am a person resident in India as well as resident for tax purposes in India (Please also fill part III self - certification)	☐	☐	☐

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

Please also fill Part III Self-Certification.

Part III - Self-Certification

To be filled only if-

(a) Any of the indicia parameters is outside India and TIN or functional equivalent is not available since not a resident for tax purpose outside India, or

(b) Country of Birth is US and US person is mentioned as "No" in Part I

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 my 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 Proof submitted *(Pls tick document being submitted)*	☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card	☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card	☐ Passport ☐ Election Id Card ☐ PAN Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Govt. Issued ID Card

Part IV - Customer Declaration (Applicable for all customers)

(i) Under penalty of perjury, I certify that:

1. 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 to U.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
2. The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India)

(ii) 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.

(iii) I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) 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.

(v) I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number/functional equivalent number of the applicant.

(vi) I am further aware that as per the Union Budget, 2023, a penalty of ₹<5,000> per account holder shall be levied for furnishing inaccurate statement of financial transaction owing to false or inaccurate self-certification submitted by me under FATCA/CRS.

Signature :			
Name :			

Date : D D M M Y Y Y Y

The term United States person means:

(a) an individual, being a citizen or resident of the United States of America;

(b) partnership or corporation organised in the United states of America or under the laws of the United States of America or any State thereof;

(c) a trust if: i. a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and iii. one or more U.S. persons have the authority to control all substantial decisions of the trust;

(d) an estate of a decedent who was a citizen or resident of the United States of America.

Functional equivalent of TIN includes the following:

A social security insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.

Date: D D M M Y Y Y Y

To
ICICI Bank Limited India

Signature Declaration

Dear Sir/Madam,

Mandatory Fields		Sole / First Holder	Second Holder	Third Holder
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 than 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.

NAME OF FIRST HOLDER	NAME OF SECOND HOLDER	NAME OF THIRD HOLDER
Signature of Sole / First Holder	Signature of Sole / First Holder	Signature of Sole / First Holder

Annexure 2.4

Terms And Conditions-cum-Registration / Modification Form for receiving SMS Alerts from CDSL [SMS Alerts will be sent by CDSL to BOs for all debits]

Definitions:

In these Terms and Conditions the terms shall have following meaning unless indicated otherwise:

1. "Depository" means Central Depository Services (India) Limited a company incorporated in India under the Companies Act 1956 and having its registered office at 17th Floor, P.J. Towers, Dalal Street, Fort, Mumbai 400001 and all its branch offices and includes its successors and assigns.
2. 'DP' means Depository Participant of CDSL. The term covers all types of DPs who are allowed to open demat accounts for investors.
3. 'BO' means an entity that has opened a demat account with the depository. The term covers all types of demat accounts, which can be opened with a depository as specified by the depository from time to time.
4. SMS means "Short Messaging Service"
5. "Alerts" means a customized SMS sent to the BO over the said mobile phone number.
6. "Service Provider" means a cellular service provider(s) with whom the depository has entered / will be entering into an arrangement for providing the SMS alerts to the BO.
7. "Service" means the service of providing SMS alerts to the BO on best effort basis as per these terms and conditions.

Availability:

1. The service will be provided to the BO at his / her request and at the discretion of the depository. The service will be available to those accountholders who have provided their mobile numbers to the depository through their DP. The services may be discontinued for a specific period / indefinite period, with or without issuing any prior notice for the purpose of security reasons or system maintenance or for such other reasons as may be warranted. The depository may also discontinue the service at any time without giving prior notice for any reason whatsoever.
2. The service is currently available to the BOs who are residing in India.
3. The alerts will be provided to the BOs only if they remain within the range of the service provider's service area or within the range forming part of the roaming network of the service provider.
4. In case of joint accounts and non-individual accounts the service will be available, only to one mobile number i.e. to the mobile number as submitted at the time of registration / modification.
5. The BO is responsible for promptly intimating to the depository in the prescribed manner any change in mobile number, or loss of handset, on which the BO wants to receive the alerts from the depository. In case of change in mobile number not intimated to the depository, the SMS alerts will continue to be sent to the last registered mobile phone number. The BO agrees to indemnify the depository for any loss or damage suffered by it on account of SMS alerts sent on such mobile number.

Receiving Alerts:

1. The depository shall send the alerts to the mobile phone number provided by the BO while registering for the service or to any such number replaced and informed by the BO from time to time. Upon such registration / change, the depository shall make every effort to update the change in mobile number within a reasonable period of time. The depository shall not be responsible for any event of delay or loss of message in this regard.
2. The BO acknowledges that the alerts will be received only if the mobile phone is in 'ON' and in a mode to receive the SMS. If the mobile phone is in 'Off'' mode i.e. unable to receive the alerts then the BO may not get / get after delay any alerts sent during such period.
3. The BO also acknowledges that the readability, accuracy and timeliness of providing the service depend on many factors including the infrastructure, connectivity of the service provider. The depository shall not be responsible for any non-delivery, delayed delivery or distortion of the alert in any way whatsoever.
4. The BO further acknowledges that the service provided to him is an additional facility provided for his convenience and is susceptible to error, omission and/ or inaccuracy. In case the BO observes any error in the information provided in the alert, the BO shall inform the depository and/ or the DP immediately in writing and the depository will make best possible efforts to rectify the error as early as possible. The BO shall not hold the depository liable for any loss, damages, etc. that may be incurred/ suffered by the BO on account of opting to avail SMS alerts facility.
5. The BO authorizes the depository to send any message such as promotional, greeting or any other message that the depository may consider appropriate, to the BO. The BO agrees to an ongoing confirmation for use of name, email address and mobile number for marketing offers between CDSL and any other entity.
6. **The BO agrees to inform the depository and DP in writing of any unauthorized debit to his BO account/ unauthorized transfer of securities from his BO account, immediately, which may come to his knowledge on receiving SMS alerts. The BO may send an email to CDSL at complaints@cdslindia.com. The BO is advised not to inform the service provider about any such unauthorized debit to/ transfer of securities from his BO account by sending a SMS back to the service provider as there is no reverse communication between the service provider and the depository.**
7. The information sent as an alert on the mobile phone number shall be deemed to have been received by the BO and the depository shall not be under any obligation to confirm the authenticity of the person(s) receiving the alert.
8. The depository will make best efforts to provide the service. The BO cannot hold the depository liable for non-availability of the service in any manner whatsoever.
9. If the BO finds that the information such as mobile number etc., has been changed without proper authorization, the BO should immediately inform the DP in writing.

Fees:

Depository reserves the right to charge such fees from time to time as it deems fit for providing this service to the BO.

Disclaimer:

The depository shall make reasonable efforts to ensure that the BO's personal information is kept confidential. The depository does not warranty the confidentiality or security of the SMS alerts transmitted through a service provider. Further, the depository makes no warranty or representation of any kind in relation to the system and the network or their function or their performance or for any loss or damage whenever and howsoever suffered or incurred by the BO or by any person resulting from or in connection with availing of SMS alerts facility. The Depository gives no warranty with respect to the quality of the service provided by the service provider. The Depository will not be liable for any unauthorized use or access to the information and/ or SMS alert sent on the mobile phone number of the BO or for fraudulent, duplicate or erroneous use/ misuse of such information by any third person.

Liability and Indemnity:

The Depository shall not be liable for any breach of confidentiality by the service provider or by any third person due to unauthorized access to the information meant for the BO. In consideration of the depository providing the service, the BO agrees to indemnify and keep safe, harmless and indemnified the depository and its officials from any damages, claims, demands, proceedings, loss, cost, charges and expenses whatsoever which a depository may at any time incur, sustain, suffer or be put to as a consequence of or arising out of interference with or misuse, improper or fraudulent use of the service by the BO.

Amendments:

The depository may amend the terms and conditions at any time with or without giving any prior notice to the BOs. Any such amendments shall be binding on the BOs who are already registered as user of this service.

Governing Law and Jurisdiction:

Providing the Service as outlined above shall be governed by the laws of India and will be subject to the exclusive jurisdiction of the courts in Mumbai.

I/We wish to avail the SMS Alerts facility provided by the depository on my/our mobile number provided in the registration form subject to the terms and conditions mentioned below. **I/ We consent to CDSL providing to the service provider such information pertaining to account/transactions in my/our account as is necessary for the purposes of generating SMS Alerts by service provider, to be sent to the said mobile number.**

I/We have read and understood the terms and conditions mentioned above and agree to abide by them and any amendments thereto made by the depository from time to time. I/ we further undertake to pay fee/ charges as may be levied by the depository from time to time.

I / We further understand that the SMS alerts would be sent for a maximum four ISINs at a time. If more than four debits take place, the BOs would be required to take up the matter with their DP.

I/We am/ are aware that mere acceptance of the registration form does not imply in any way that the request has been accepted by the depository for providing the service.

I/We provide the following information for the purpose of REGISTRATION / MODIFICATION (Please cancel out what is not applicable).

BOID																	
(Please write your 8 digit DPID)									(Please write your 8 digit Client ID)								
Sole / First Holder's Name :																	
Second Holder's Name :																	
Third Holder's Name :																	
Mobile Number on which messages are to be sent	+	9	1														
(Please write only the mobile number without prefixing country code or zero)																	
The mobile number is registered in the name of:																	
Email ID:																	
(Please write only ONE valid email ID on which communication; if any, is to be sent)																	

	First/Sole Holder	Second Holder	Third Holder
Signatures			

Place: _____

Date: D D – M M – Y Y Y Y

Annexure 2.5

OPTION FORM FOR ISSUE OF DIS BOOKLET

Date D D – M M – Y Y Y Y

DP ID		Client ID	
First Holder Name			
Second Holder Name			
Third Holder Name			

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

Dear Sir / Madam,

I / We hereby state that: [Select one of the options given below]

☐ **OPTION 1:**

I / We require you to issue Delivery Instruction Slip (DIS) booklet to me / us immediately on opening of my / our CDSL account though I / we have issued a Power of Attorney (POA) / registered for eDIS / executed PMS agreement in favour of / with ______________________________(name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney holder -Clearing Member / by PMS manager/ for executing delivery instructions through eDIS.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

OR

☐ **OPTION 2:**

I / We do not require the Delivery Instruction Slip (DIS) booklet for the time being, since I / We have issued a POA/registered for eDIS / executed PMS agreement in favour of / with ______________________________ (name of the attorney / Clearing Member / PMS manager) for executing delivery instructions for settling stock exchange trades [settlement related transactions] effected through such Power of Attorney Holder - Clearing Member / by PMS manager or for executing delivery instructions through eDIS. However, the Delivery Instruction Slip (DIS) booklet should be issued to me / us immediately on my / our request at any later date.

Yours faithfully

	First/Sole Holder	Second Joint Holder	Third Joint Holder
Name			
Signatures			

-- (Please Tear Here) --

Acknowledgement Receipt

Received OPTION FORM FOR ISSUE / NON ISSUE OF DIS BOOKLET from :

DP ID		Client ID	
Name of the Sole / First Holder			
Name of Second Joint Holder			
Name of Third Joint Holder			

Depository Participant Seal and Signature

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual-First Holder

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 Vehicle 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 ☐ Minor ☐ 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: *(If any*)*	Prefix	First Name	Middle Name	Last Name
Father / Spouse Name*:	Prefix	First Name	Middle Name	Last Name
Mother Name*:	Prefix	First Name	Middle Name	Last Name

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

☐ 2. PROOF OF IDENTITY AND 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. ☐ 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*
District*   Pin/Post Code*   State/U.T. Code*   ISO 3166 Country Code*

☐ 3. CURRENT ADDRESS DETAILS

Same as above mentioned address (In such cased address details 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 code
V. ☐ Self Declaration

Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same

Address

Line 1*

Line 2

Line 3 City/Town/Village*

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

☐ 4. CONTACT DETAILS (All communications will be sent 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 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]

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual-Second Holder

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 Vehicle 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 ☐ Minor ☐ 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: *(If any*)*	Prefix	First Name	Middle Name	Last Name
Father / Spouse Name*:	Prefix	First Name	Middle Name	Last Name
Mother Name*:	Prefix	First Name	Middle Name	Last Name

Date of Birth: D D M M Y Y Y Y

Gender: ☐ Male ☐ Female ☐ Transgender

Martial 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

☐ 2. PROOF OF IDENTITY AND 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. ☐ 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*

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

☐ 3. CURRENT ADDRESS DETAILS

Same as above mentioned address (In such cased address details 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 code

V. ☐ Self Declaration

Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same

Address

Line 1*

Line 2

Line 3 City/Town/Village*

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

☐ 4. CONTACT DETAILS (All communications will be sent 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 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]

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual-Third Holder

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 Vehicle 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 ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

☐ 1. PERSONAL DETAILS*

	Prefix	First Name	Middle Name	Last Name
Name*#: *(Same as ID proof)*				
Maiden Name: *(If any*)*				
Father / Spouse Name*:				
Mother Name*:				

Date of Birth: DD MM YYYY   Gender: ☐ Male ☐ Female ☐ Transgender
Martial 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

☐ 2. PROOF OF IDENTITY AND 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. ☐ 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*
District*   Pin/Post Code*   State/U.T. Code*   ISO 3166 Country Code*

☐ 3. CURRENT ADDRESS DETAILS

Same as above mentioned address (In such cased address details 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 code
V. ☐ Self Declaration

Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same

Address

Line 1*

Line 2

Line 3 City/Town/Village*

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

☐ 4. CONTACT DETAILS (All communications will be sent 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 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 Ltd. I Empire Complex, 1st Floor, 414 Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013