# **RELATIONSHIP FORM (For Non Resident Indian/PIO)**

A	<b>ICICI B</b> ank NRI Services
	NRI Services

NDI Caminas	Customer ID No. :   _ _ _ _ _
NRI Services	Account No. :   _ _ _ _ _
EMPLOYEE ID:	_   _   Status Code :   _   _   _   _   _
Branch :	Branch Code :
Please ensure that you fill in all fields ma	rked with *. These are mandatory fields. Any alterations in the form need full signature of applicants.
1. 1st APPLICANT PERSONAL DETAIL	S
*First Applicant:   _  _    (Same as in Passport) Title	First Name Middle Name Surname
*Date of Birth: $ \underline{D} \underline{D}/ \underline{M} \underline{M}/ \underline{Y} \underline{Y} \underline{Y}$	Mother's Maiden Name:  _ _ _ _ _ _ _ _ _ _
*Date of becoming Non-Resident $ \underline{\hspace{0.1cm}} $	. /   M   M /   Y   Y   Y   Y   *Email ID:
*Are you a PEP* or related to one? Yes	s □ No □
*Passport No.:   _ _ _ _ _	*Nationality:
*Date of Issue: $ \underline{D} \underline{D}/ \underline{M} \underline{M}/ \underline{Y} \underline{Y} \underline{Y}$	Y         *Place of Issue:   _   _   _   _   _           *Expiry Date:   □   □ /   M   M /   Y   Y   Y   Y   Y
*Type of Visa / Labour Card / Work Perm	
(Visitor & Business Visas are not allowed	**
2. CURRENT OVERSEAS RESIDENTIA	L ADDRESS (PROOF IS MANDATORY)
	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
Country:  _ _ _ _ _	*Postal/Zip Code:  _ _ _ _ _ _
Tel:(Office)   _ _ _ _ _ _ _ _ _Country code	*Tel:(Res.)
Mobile:  _ _ _ _ _ _ _ _	Fax:
If you reside in the US give us your Soc	ial Security No.:   _
3. PERMANENT ADDRESS (PROOF IS	MANDATORY)
It is mandatory to provide your perman	nent address, however if it is same as current address in section 2, please tick here $\;\;\Box$
City:   _ _ _ _	State:
Country:   _ _ _ _	*Postal/Zip Code:
Tel:(Office)   _ _      Area code	Tel:(Res.)          Number Area code Number
Mobile:  _ _ _ _ _ _	Fax:   _
	rent Address Permanent Address (Default is current address if no box is ticked) ur cheque book, ATM Card, ATM PIN Mailer and accounts statement will be sent to the communication address.
4. 2nd APPLICANT PERSONAL DETAIL	S (Guardian details in case of Minor Account)
*Second Applicant:       _	First Name Middle Name Surname
*Date of Birth: $ \underline{D} \underline{D} / \underline{M} \underline{M} / \underline{Y} \underline{Y} $	Y Y *Email ID: (In capital letters)
Relationship with 1st Applicant: $ \_ $	
*Are you a PEP $^{\#}$ or related to one? $\square$	Yes □ No
*Passport No.:   _ _ _ _ _	*Nationality:
*Date of Issue: $ \underline{D} \underline{D}/ \underline{M} \underline{M}/ \underline{Y} \underline{Y} \underline{Y}$	<u></u>
*Type of Visa / Labour Card / Work Perm (Visitor & Business Visas are not allower (For adding more joint holders attach ad	d)
5. Mode of Account Operation	National 1 Stilly
☐ Singly ☐ Either or Survivor ☐ A	Anyone Survivor

 $<sup>^{\#}</sup>$  Refer to Section 1 of Part B for Definition of a "Politically Exposed Person" (PEP).

6. TY	PE OF ACCOUNT			
Prefe	rred city for opening acco	unt:	Preferred branch for opening acco	ount:
ICICI E	Bank reserves the right to open	an account at any branch in India a	at its discretion in case the above fields are not c	ompleted.
Pleas	se open the following Acc	ount/s under the CUSTOME	R ID created as per the above information	on
NI	RE Saving Account (MAN	JDATORY)		
Amo	unt of initial deposit	:		
Do y	ou want Mandate Facility	:  Yes (If Yes please fill the	e Mandate Form) 🔲 No	
□ NF	RO Saving Account			
Amou	unt of initial deposit			
	e convert my Resident A e enclosed my ATM / Deb	ccount Number    _	_ _ _ _ to NRO Sav	ings Account.
□ NF	RE Fixed Deposit			
Tenor	r	(Years)	(Months) (Days)	
Amou	unt			
Туре	of Deposit	: $\square$ Simple $\square$ Cumulative	If Simple, then interest to be	credited $\square$ Monthly $\square$ Quarterly
Intere	est to be credited to your	Account No.   _ _ _	or DD / Pay or	der#
	Pay Order will be couriered to	,		
Note : Please	All term deposits will be oper enroll for monthly free e-state	ned on auto renewal basis for iden ment for receiving DCA.	ntical periods. Please give written instruction be	fore maturity in case auto renewal is not required.
□ NF	RO Fixed Deposit			
Tenor	r		(Months)(Days)	
Amo	unt	:		
Type	of Deposit	: ☐ Simple ☐ Cumulative	If Simple, then interest to be	credited  Monthly  Quarterly
Intere	est to be credited to your	Account No.   _ _ _	_ _ _ _  or DD / Pay or	der#
	Pay Order will be couriered to			
Note :	All term deposits will be oper	ed on auto renewal basis for iden	tical periods. Please give written instruction be	fore maturity in case auto renewal is not required.
	curring Deposit	<b></b>		
		: ☐ NRE RD ☐ NRO RD	(M	
	ment Amount (INR)	: (Years)	(Months)	
	unt to be debited	· :	<del></del>	
		aid by debit to Account No.	_ _ _ _	will be paid separately. Maturity proceeds
to be	credited to Account No.		_ _ _	
□ FC	• •		☐ RFC (Resident Foreign Currency	Account)
Tenor			(Months)(Days)	
Curre	,	:□USD□GBP□EURO	☐ JPY ☐ AUD ☐ CAD	
Amou		:	stical pariode. Places give written instruction be	fore maturity in case auto renewal is not required.
			ilical periods. Hease give written histi detion be	——————————————————————————————————————
∐ <b>N</b> F	RE Current Account	:		
		•		
_	RO Current Account			
Amoı		:		
	equency of Bank Statem		_	_
Bank	Statement (Tick any one)	: ☐ Email-Monthly (Free)	☐ Physical-Quarterly (will be charged at applicable rates)	☐ Physical - Monthly (will be charged at applicable rates)
8. M	ODE OF FUNDING			
	Enclosed cheque / DD n	0	currency,	Amount drawn on
	bank name			
	Remittance from remittir	ıg bank	bank address	
-				and amount
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1. Occupation: Salaried-Other   Salaried   Septemble   Septemble   Septemble   Salaried-Other   Salaried-Other   If Professional   Engineer   Septemble   Salaried-Other   Septemble   Septemble   Salaried-Other   Septemble   Salaried-Other   Septemble   Sep	9.	. YOUR OCCUPATION	AND ACCOUNT ACTIV	ITY* (MANDATORY)	(For m	inor / housewife provide details of guardian / husband)
Business   Housewives   Till Professional   Engineer   Comes   Specify     a) If Self Employed   CA/CS   DOCTOR   CLAWYER   ARCHITECT   CONSULTANT   DENOINEER   TIPROFESSIONAL Type of business / profession (blease specify*)   b) If Salaria   No. of years in current business / profession   No. of years in current employment   Doctor   Doct	1.	Occupation:				
Self employed		Salaried-IT□				
a) If Self Employed   CACS   DOCTOR   CLAWYER   ARCHITECT   CONSULTANT   DENOINEER   DIT PROFESSIONAL   Type of fusioness / profession (please specify"   No. of years in current business / profession   b) If Salarid   No. of years in current business / profession   No. of years in current business / profession   No. of years in current employment			Housewives□	IT Professional		-
Tope of business / profession (please specify*)		Sell employed $\Box$				Others 🗆 (specify).
b) If Salaried Name of temployer if Job Title Name of temployer in Job Title Name of temployer in Job Lacs - Sol Lacs   Slacs - Slacs   Slacs - Slacs - Slacs   Slacs - Slacs - Slacs - Slacs   Slacs - Sla		a) If Self Employed	□ CA/CS □ DOCTOR	□LAWYER □ A	ARCHITE	ECT   CONSULTANT   ENGINEER   IT PROFESSIONAL
Name of employer 6 Lob Title		Type of business / pro	ofession (please specify*)			No. of years in current business / profession
3. Monthly income or profit from business / profession NIL   Less than 50\  50\  54\-51.54.65\  1.54.65\		.,				
Note: and above   Solects and above   Solects   1,5 Lace - 3 Lace   3 Lace - 3 Lace   10 Lace   10 Lace - 50 Lace   5 Lace - 50 Lace   10 Lace - 50 Lace - 50 Lace - 50 Lace   10 Lace - 50 Lace - 50 Lace - 50 Lace - 50 Lace   10 Lace - 50 Lace - 5	•					No. of years in current employment
So Leas and above	3.				2   200	2 < 5   200 □ 5   200 < 10   200 □ 10   200 □ 50   200 □
4. Purpose and Reason for opening the account   Sarvings   Make Investment   Sarvings   Sarvings   Make Investment   Sarvings   Sarvings   Make Investments   Sarvings   Sarvings   Make Investments   Sarvings				1.5Lacs-\5 Lacs	3 Lacs	J Lacs J Lacs To Lacs To Lacs To Lacs
5. If you have any savings. investments, property, etc. (wealth). Please specify below how you acquired these. Salary   Business income   Inheritance   Sale or Income from investments   Personal savings   Others   (to be specified)*.  6. Source of Funding in this account Salary   Rental income   Sale of share / investments   Business income   Interest / dividend on investments   Others   (to be specified)*.  7. Expected Monthly Funding into the Account (Applicable only for Savings and Current Account customers) Up 1050K   50K-<11ac   1ac-<31acs   3 Lacs-<5 Lacs   5 Lacs-<10 Lacs   > = 10 Lacs    8. Expected Monthly Withdrawals from the Account (Applicable only for Savings and Current Account customers) Up 1050K   50K-<11ac   1ac-<31acs   3 Lacs-<5 Lacs   5 Lacs-<10 Lacs   > = 10 Lacs    9. Lacs-<9 Lacs   5 Lacs-<10 Lacs   > = 10 Lacs    10. NOMINATION FORM (FORM DA 1) The Nominee should not be any of the applicants.  Nominee's Name:	4.			t		
Salary   Salary   Rental income   Inheritance   Sala or Income from investments   Personal savings		· ·		•		
Others	5.					
6. Source of Funding in this account Salary   cental income   Centa		•	_			or income from investments   Personal savings
Salary   Rental income   Sale of share / investments   Business income   Interest / dividend on investments   Others   (to be specified)*.	6.			(to be speci	illeu, .	
7. Expected Moverthy Funding into the Account (Applicable only for Savings and Current Account customers]  Up to 50K   50K < - Llac   1Lac < 3Lacs   3 Lacs < 5 Lacs   5 Lacs   > = 10 Lacs    8. Expected Moverthy Withdrawals from the Account (Applicable only for Savings and Current Account customers)  Up to 50K   50K < 1Lac   1Lac < 3Lacs   3 Lacs < 5 Lacs   5 Lacs < 10 Lacs   > = 10 Lacs    10. NOMINATION FORM (FORM DA 1) The Nominee's should not be any of the applicants.  Nominee's Name:   First Name   Middle Name   Surrame  Nominee's Address:   9 Date   0 Date				investments  Bus	siness in	come ☐ Interest / dividend on investments ☐
8. Expected Monthly Withdrawals from the Account (Applicable only for Savings and Current Account customers)  Up to 50 K		Others		(to be speci	ified)*.	
8. Expected Monthly Withdrawals from the Account (Applicable only for Savings and Current Account customers)  Up to 50K   50K   11ac   11ac   31acs   31acs   51acs   51acs   >= 10 lacs    10. NOMINATION FORM (FORM DA 1) The Nominee should not be any of the applicants.  Nominee's Name:   First Name   Middle Name   Surname    Nominee's Address:	7.	Expected Monthly Fo	unding into the Account	(Applicable only for	r Saving	gs and Current Account customers]
10. NOMINATION FORM (FORM DA 1) The Nominee's bould not be any of the applicants.  Nominee's Name:    First Name		Up to50K □ 50K-<	<1Lac 🗆 1Lac-< 3Lac	s □ 3 Lacs-<5 Lac	cs□	5 Lacs-<10 Lacs □ >= 10 Lacs □
10. NOMINATION FORM (FORM DA 1) The Nominee should not be any of the applicants.  Nominee's Name:    First Name   Middle Name   Sumame	8.	Expected Monthly V	Vithdrawals from the Ac	count (Applicable o	nly for	Savings and Current Account customers)
10. NOMINATION FORM (FORM DA 1) The Nominee should not be any of the applicants.  Nominee's Name:    First Name   Middle Name   Sumame		Up to50K □ 50K	<1Lac□ 1Lac-<3Lacs	: □ 3 Lacs-<5 Lac	cs $\square$	5 Lacs-<10 Lacs □ >= 10 Lacs □
Nominee's Name:    First Name   Middle Name   Surname		- p			_	
First Name   Middle Name   Surname   Nominee's Address:	1	0. NOMINATION FOR	M (FORM DA 1) The No	ominee should not b	e any o	f the applicants.
Nominee's Address:	No	ominee's Name:   _	_ _ _ _	_ _ _ .	_ _ _	
City:			First	Name		Middle Name Surname
Country:	No	ominee's Address:  _	_	_ _ _ _ _ _	_ _ _	
Country:	_	_ _ _ _	_ _ _ _ _	. _ _ _ _	_ _ .	
Relationship with Applicant:	Ci	ty:   _ _ _ _	_ _ _ _ _	_ _ _	State:	
Guardian Details (only if the nominee is a minor)  Guardian's Name:	Co	ountry:   _ _	_ _ _ _ _	_ _ _	Postal /	Zip Code:   _ _ _ _ _ _ _ _
Guardian's Name:	Re	elationship with Applic	cant:   _ _ _ _	_ _ _	Date of	birth (only if nominee is a minor):   _/ /
First Name Middle Name Surname  Address:	G	uardian Details (only i	if the nominee is a mino	r)		
Address:	Gı	uardian's Name:	_ _ _ _ _	_ _ _ .	_ _ _	
City:   State:   Postal /Zip Code:   Postal /Zip Code:   State:   Postal /Zip Code:			First	Name		Middle Name Surname
Country:	A	ddress :   _ _ _	_ _ _ _ .	_ _ _ _ _	_ _ _	. _ _ _ _ _
Country:	_	_ _ _ .	_ _ _ _ _	. _ _ _ _	_ _	
Witness:  Name:	Ci	ity:   _ _ _	_ _ _ _ _	_ _ _	State:	
Witness:  Name:	Co	ountry:   _ _	_ _ _ _	_ _ _	Postal /	/Zip Code:    _ _ _ _ _ _ _ _
Name:	Re	elationship with Nomir	nee:			
Name:	w	litness:				
First Name Middle Name Surname  Address:						
Address:	Na	ame:   _ _ _	. First		_ _ _	
Date:   D   D /   M   M /   Y   Y   Y   Place:	Ad	ddress:				
For ICICI Bank use only  Nomination Registration No.:					-	
For ICICI Bank use only  Nomination Registration No.:	-			_!_!_!_!_!_	-11	
Nomination Registration No.:   _   _   _   _   _   _   _ Registration Date:   D D / M M / Y Y Y Y Y   Y   _	Da	ate:   <u>D   D /   M   M /   Y</u>	/   Y   Y   Y   Place:   _		_ _	Signature
Nomination Registration No.:   _   _   _   _   _   _   _ Registration Date:   D D / M M / Y Y Y Y Y   Y   _						
11. OFFLINE APPLICATION FOR MONEY2INDIA REGISTRATION  I hereby also apply for registration on www.money2india.com for which information contained herein may be used in its entirety. I acknowledge that I shall be governed by the terms and conditions applicable to Money2India as appearing on the website. I also acknowledge that certain additional terms apply for offline applications for registration (this is an offline application for registration) as specified at the website.		•			Pogietr	etion Date:   D   D /   M   M /   V   V   V
I hereby also apply for registration on www.money2india.com for which information contained herein may be used in its entirety. I acknowledge that I shall be governed by the terms and conditions applicable to Money2India as appearing on the website. I also acknowledge that certain additional terms apply for offline applications for registration (this is an offline application for registration) as specified at the website.					negisir	ation pate.   D   D /   W     W     T   T   T   T   T   T   T
that I shall be governed by the terms and conditions applicable to Money2India as appearing on the website. I also acknowledge that certain additional terms apply for offline applications for registration (this is an offline application for registration) as specified at the website.						
additional terms apply for offline applications for registration (this is an offline application for registration) as specified at the website.						
Whether you wish to register:     Yes     No		Whether you wish to register:				

photo identity document having vitested by a Banker / Indian Embass  Y  , Mi son and hereby confirm the identity documents. I have understood the o	Signature of the bank official in whose pres
(Please ensure that your signature signature on the passport.)  Mr. / Ms. / Dr.   _ _ _ _ _   (x) Signature  (Please ensure that your signature signature on the passport.)  y ICICI Bank Official and your signated photo identity document having yettested by a Banker / Indian Embass  Y  , Millian Son and hereby confirm the identity documents. I have understood the confirmation of the passport of the confirmation of the con	Signature of the bank official in whose prest the applicant has signed.  Date:  Signature of the bank official in whose prest the applicant has signed.  Date:  Date:  Date:  Cure differs from the passport you can pur new signature (Driving Licence, Residence Card etc.) OR by/Notary (OR equivalent of Notary as per applicable laws)  A Ms.  If illed in the relationship form which has been filled in my presence
(Please ensure that your signature signature on the passport.)  Mr. / Ms. / Dr.   _ _ _ _ _   (x) Signature  (Please ensure that your signature signature on the passport.)  y ICICI Bank Official and your signated photo identity document having yettested by a Banker / Indian Embass  Y  , Millian Son and hereby confirm the identity documents. I have understood the confirmation of the passport of the confirmation of the con	Signature of the bank official in whose prest the applicant has signed.  Date:  Signature of the bank official in whose prest the applicant has signed.  Date:  Date:  Date:  Cure differs from the passport you can pur new signature (Driving Licence, Residence Card etc.) OR by/Notary (OR equivalent of Notary as per applicable laws)  A Ms.  If illed in the relationship form which has been filled in my presence
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son and hereby confirm the identity documents. I have understood the c	filled in the relationship form which has been filled in my presence
net the above mentioned client and a	
(name of the country outs dence in respect of any product tha	
	ustomer   Meeting outside when customer was in (Place)
Date and time of branch v	isit / phone call $ \underline{D} \underline{D}$ / $ \underline{M} \underline{M}$ / $ \underline{Y} \underline{Y} \underline{Y} \underline{Y} $ Hrs. $ \underline{} $ Min. $ \underline{} $
ng filled outside the country of resi	dence. Attach copies of Email (if applicable)
ng opening of the account:	
	Account opening form scrutinized by:  Employee No.   _   _   _   _
	Sign of Employee
	Account opened / modified by:
gement for WELCOME KIT Account holder	Employee No.   _   _   _
	Sign of Employee
	Account opening verified by:
	Employee No.
	gement for WELCOME KIT Account holder

12. PHOTOGRAPH AND SIGNATURE

# **RELATIONSHIP FORM (For Non Resident Indian/PIO)**



EMPLOYEE ID:

Customer ID No.	
Account No.	
	Status Code :   _ _ _  Employer ID :   I N D S 0 0 1
	Branch Code:

#### 1. TERMS AND CONDITIONS

Branch:

I/We hereby declare that I am / we are non-residents Indian(s) of Indian origin. I / We understand that the above account will be opened on the basis of the statements/declarations made by me/us, and I/We also agree that any of the statements / declarations made herein is found to be not correct in material particulars, you are not bound to pay any interest on the deposit made by me / us. The account will be put into use for bonafide transactions not involving any violations of the provisions of any Government / Exchange Control Regulation.

I/ We agree that no claim will be made by me / us for any interest on the deposit/s for any period after date/s of maturity of the deposit/s. I / We agree to abide by the provisions of the Foreign Currency (Non-Resident) A/c, Non-Resident (External) Account scheme, Non-Resident (Ordinary) Account scheme. I / We hereby undertake to intimate you about my 7 our return to India for permanent residence immediately on arrival.

I/We authorize ICICI Bank to automatically renew the deposit on the due date for an identical period (unless otherwise specifically instructed before due date). The earlier receipt given to me will be treated as discharged receipt on due date. I/We understand that the interest applicable on renewals will be at the applicable ruling rates on the date of maturity and that the renewed receipt will be made available on my/our presenting the duly discharged original receipt on the maturity date or later for payment.

I/We further understand that the renewal will be in accordance with the provisions of the Reserve Bank of India scheme in force at the time of renewal.

I / We agree that the premature withdrawal is permitted at my / our request. The payment of interest on the deposit may be allowed in accordance with the prevailing stipulations laid down by the Reserve Bank of India in this regard.

stipulations laid down by the Reserve Bank of India in this regard.

I/We shall not make available to any person resident in India, foreign currency against reimbursement in Rupees or any other manner in India.

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 Reserve Bank of India.

I/We authorize ICICI Bank to issue an ICICI Bank Debit cum ATM Card to me / us. I/We acknowledge that the usage of this card is governed by the terms and conditions which 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 and read the same.

I/We further unconditionally and irrevocably authorize ICICI Bank to debit my / our Account annually with an amount equivalent to the fee and charge for use of the debit card. I/We hereby confirm that this account will be operated singly and in case of Joint Account operated by either or survivor. I/We confirm that the attached photograph(s) is / are the present true identities of me / us. I/We authorize ICICI Bank to issue a Photo-Debit card to me / us. I/We accept full responsibility to my/our debit card and agree not to make any claims against ICICI Bank in respect thereto. And that this condition applies in addition to the Terms and Conditions of Debit Card-Member agreement which governs use of my/our card(s).

I/We have read and understood and hereby agree to the Terms and Conditions" as provided under www.icicibank.com in respect of all products and channels. I/We have read and understood and hereby agree to the Terms and Conditions to this relationship would be made available to me/us on request at any ICICI Bank Branches.

I/We hereby confirm that all accounts under this Customer ID are operated singly and in case of joint account operated by either or survivor/anyone or survivor(s).

I/We hereby confirm that all accounts under this Customer ID are operated singly and in case of joint account operated by either or survivor / anyone or survivor(s).

I/We do hereby declare that information furnished in this form is true to the best of my / our knowledge and belief.

I/We hereby authorize issuance of ATM Card and provision of Internet Banking Services and Phone Banking Services as above. I/We undertake to ratify and confirm all that the user/(s) do/(es) or cause/(s) to do through ATM, Internet Banking Services and Phone Banking Services. This authority shall continue to be in force until anyone of us revokes by a notice in writing delivered to you.

I/We declare, confirm, agree:

- a. That all the particulars and information given in the Application Form are true, correct, complete and upto date in all respects and I/we have not with-held any information.
  b. That I/we have had no insolvency initiated against me/us nor have I/we ever been adjudicated insolvent.
- That I/we have read the application form and brochure and am/are aware of all the terms/conditions of availing finance or service or products from ICICI Bank.
- That my/our loan/investment credit facility shall be governed by the rules of ICICI Bank, which may be in force from time to time. ICICI Bank reserves the right to reject any application without providing any reason.

I/We agree, undertake and authorize:

- a. ICICI Bank or their agents to make references and enquiries relative to information in this application which ICICI Bank or their agents consider necessary.
- To notify ICICI Bank regarding 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. In case the account holder fails to update the communication address, ICICI Bank disclaims all liability resulting from any loss or damage due to delivery of deliverables like I-Kit, cheque book, debit card, internet banking user id/password etc to the incorrect address.
- ICICI Bank to exchange, share or part with all the information relating to my / our loan / investment / credit facility details and repayment history information to other ICICI Bank Group Companies / Banks / Financial Institutions / Credit Bureaus / Agencies / Statutory Bodies as may be required and shall not hold ICICI Bank or the ICICI Bank Group Companies liable for use of this information.

- Politically Exposed Persons (PEPs): Politically exposed persons are individuals who are or have been entrusted with prominent public functions in a foreign country. Examples of PEPs include, but not limited to: (i) Heads of States or of Governments (ii) Senior politicians (iii) Senior government / judicial / military officers (iv) Senior executives of state-owned corporations (v) Important political party officials (vi) Senior indian Diplomatic personnel posted outside the country The term PEP also includes the families and close associates of the PEPs mentioned above.
- Families: The term families includes close family members such as spouses, children, parents and siblings and may also include other blood relatives and relatives by
- Close associates: The term closely associated persons in the context of PEPs includes close business and personal advisors / consultants to the PEP as well as persons who obviously benefit significantly from being close to such a person.

The Bank is authorised to arrange a correspondent bank / agent for realising the proceeds of foreign currency cheques. The Bank will not be responsible for any loss or damage due to loss or miscarriage of the cheque(s) or for any delay in collection, transmission and otherwise of any remittance howsoever caused.

If the instrument(s) for collection is / are returned unpaid at any time, the returning and other charges may be debited to my / our account.

If any cheque / draft credited to my / our account provisionally prior to final realisation under your special cash letter services is returned unpaid, the amount may be recovered from my / our account at the appropriate exchange rate alongwith interest applicable at such rates as may be decided by you. I / We undertake to refund the amount, if already drawn by me / us, immediately on demand if our account does not have sufficient balance to recover the amount with interest and / or any other charges. The Terms and Conditions are as per current regulatory environment, the same are bound to change without prior notice as per changes in the regulatory framework.

# 2. CLIENT DECLARATION FOR PRODUCTS AND SERVICES AVAILED OUTSIDE THE HOME COUNTRY (IF APPLICABLE)

To ICICI Bank Limited		
I / We hereby certify that I	am/we are resident(s) of	and that I / we have availed of this product / facility/service on a
trip to	and executed all documents rela	ting to such product or service while in
	rrant, agree and undertake on a continuing basis th	at:

- a. There are / shall be no legal or regulatory phohibitions or impediments against my / our maintaining my / our relationship with ICICI Bank Limited, including making the aforementioned investment(s)/availing myself/ourselves of the aforementioned facilities or services from time to time.
- b. In making the aforementioned investment(s) / availing myself / ourselves of the aforementioned facilities or services from time to time 1/we shall ensure that 1/we are in a full compliance with all laws and regulations, including, without limitation, all applicable 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, if required, to the relevant authorities in my/our home country and I/we agree to furnish to ICICI Bank Limited, upon request, coipies of the approvals/reports, if any.
- c. All decisions to make the aforementioned investment(s) / avail of the aforementioned facilities or 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 Limited 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 hereby request ICICI Bank Limited (the "Bank"), its Affiliates and the representatives, associates, service providers and employers of the 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 products / relationship which I have with the Bank / its Affiliates from time to time. In addition to the above, the Bank, its Affiliates and the representatives, associates, service providers and employees of the Bank, its Affiliates may contact me from time to time by telephone, or otherwise communicate with the in connection with new products, services of the Bank/its Affiliates.

I/We shall indemnify ICICI Bank Limited that its 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 helping me / us invest in the aforementioned products / avail myself / ourselves of the aforementioned facilities or services in my/our name.

I/We acknowledge that ICICI Bank Limited 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 facilities / services to us from time to time.

3. THE PERSON OF INDIAN ORIGIN (PIO) DECLARATION (IF AI	FLICABLE
I hereby declare that I am a person of Indian origin and I satisfy of	one of the following conditions. (Please pick the choice) applicable to you:
$\square$ I held an Indian passport in the past	
☐ My father / mother / grandfather / grandmother (name)	is / was a citizen of India by
virtue of the Constitution of India or the Citizenship Act, 1955	
$\square$ I am the spouse of an Indian citizen	
$\Box$ The father / mother / grandfather / grandmother (name)	of my spouse is / was a
citizen of India by virtue of the Constitution of India or the Citiz	enship Act, 1955
4. SEAFARERS ACCOUNT OPENING DECLARATION (IF APPLIC	CABLE)
I hereby declare and confirm that I am a Non-Resident Indian and	l am presently / was on contract with
(company) registered in	
(address of the principal). I request you to open a NRE Savings A	account in my name on the basis of the submitted documents.
I also confirm that I will inform the Bank, in case I do not renew i	my contract or choose to go on a new contract OR I am 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 will have the Non-Resident
accounts opened in my name redesignated to Resident / RFC acc	counts (as applicable).
5. DECLARATION ABOUT EXISTING RELATIONSHIPS WITH T	
☐ I do not have any other account with ICICI Bank ☐ I have the	e following accounts with ICICI Bank (use additional sheet if necessary)
☐ I have following Account with ICICI Bank which I want to conver	-
	Account Type
	Account Type
6. TERMS AND CONDITIONS FOR INSTRUCTIONS TO BE GIVEN COMMUNICATIONS	N BY FAX, TELEPHONE AND OTHER FORMS OF ELECTRONIC
instructions or communications for any purpose (including but not limited to the infacilities or services that may be provided by you from time to time) which telexes and faxes, telegraph, cable or any other form of electronic communicated given by those authorised to operate my / our account(s) with you) ("Instruction Instructions to you via telephone, facsimile, untested telexes and faxes, telegrall risks shall be fully borne by me / us and I / we assume full responsibility for upon your acting, or your failure to act, wholly or in part in accordance with the Inst In consideration of you agreeing, subject to the terms and conditions hereunded that you shall be entitled to act or refuse to act as you see fit, without incurring which may from time to time be or purport to be given by telephone, facsimile, by me / us (including such Instructions as may be or purported to be given to communications are not followed up by written confirmation to you.)  That the Instructions shall be conclusively presumed for your benefit to be duently you shall not be responsible to ensure the authenticity, validity or source of any Infraudulent.  That you shall be entitled (but not obliged) to keep records of our Instructions other form of electronic communication in such form, physical or electronic, as on me / us. You shall be entitled to dispose of or destroy any such records at any time that you shall be authorised to disclose all instructions as you may deem fit, to you are required by law to do so.  That you shall be entitled to require any Instruction in any form to be authentitime to time and I / we shall ensure the secrecy and security of such password, code That, notwithstanding the above, you may, under circumstances determined by	er, to act upon the Instructions as aforesaid, I / we hereby irrevocably agree and undertake: any liability whatsoever to me or to any other person, upon any Instructions for any purpose untested telexes and faxes, telegraph, cable or any other form of electronic communication by those authorised to operate my / our account(s) with you), even if such Instructions or lly authorised by and legally binding on us, and we shall be fully responsible for the same. Instructions and shall not be liable if any Instructions turned out to be unauthorised, erroneous given or made by telephone, facsimile, untested telexes and faxes, telegraph, cable or any you may in your sole discretion deem fit, and your records shall be conclusive and binding me as determined by you at your sole discretion; by your affiliates, counterparties, service providers, regulators and other authorities or where cated by use of any password, identification code or test as may be specified by you from the or test and I/we shall be solely responsible for any improper use of the same; you in your absolute discretion, require from me / us confirmation of any of any Instructions mit such confirmation to you immediately upon receipt of your request. Pursuant to receipt
7. DECLARATION FOR RECEIVING INFORMATION ON PRODU	CTS. OFFERS AND SERVICES
Please tick Yes or No as acceptable to the applicant(s) ☐ Yes	_
products, offers and services provided by ICICI Bank Limited / its telephone calls / SMSs / emails) and authorise ICICI Bank Limited	ies, agents / representatives to provide me / us information on various group companies through any mode (including without limitations through I, its group companies, agents / representatives for the above purpose.
I / We have read and make the various declarations set forth in so and will abide by them.	ections 1 to 7 of this form and hereby agree to all the terms and conditions

THE MANDATE LETTER (For non-resident individual account holders) O	NLY A RESIDENT INDIVIDUAL CAN BE TH	E MANDATE HOLDER		
Date:   D   D /   M   M /   Y   Y   Y   Y				
NRE Savings A/c No:		Photo of Mandate holder		
NRO Savings A/c No:		35 x 40 mm		
Branch in which A/c is held:				
A/c Holder's Name:   _ _ _ _ _ _ _ _				
I/We hereby request you to issue the Mandate Holder facility on the	above account numbers to:			
Name: Mr. / Ms. / Dr.   _   _   _   _   _   _   _   _   _	_	_		
City:	_ _ _ _ _ _Pin code:	- - - - - - - - - -    _ _		
State:   _ _ _ _ _	_  _ Tel: +91  _ _ _	_ _ _		
E-mail ID: (In capital letters)	Area code Numb	er		
Name of the Mandate Holder to be embossed on the ATM card (To be	e filled by the customer)			
1. I/We hereby authorise the mandate holder	_ _ _ _ _			
a) to draw cheques on the account for local payments     b) to deposit thet cheques eligible to be deposited in the NRE account on b	ehalf of the account holder(s) has permitted by RRI r	regulations		
c) to make NRE fixed deposits from balances available in the account in a such periods as may be given in writing by the mandate holder				
d) to operate the account to facilitate making investments in India, applica elegible to make investments in India	ble wherein the account holder(s) or a bank design	ated by the account holder(s) is		
e) to use the ATM Card issued in respect of the mentioned account.  2. I/We authorize ICICI Bank Ltd. to issue an ICICI Bank ATM card and a chequ	e book to the mandate holder. I / We and the manda	ate holder acknowledge that the		
issue and usage of the card is governed by the terms and conditions as in fo holder acknowledge that it is my / our responsibility to obtain a copy of and	read the same. I / We and the mandate holder acce	pt that the terms and conditions		
are liable to be amended by ICICI Bank Ltd. from time to time. I / We further annually with an amount equivalent to the fee and charges for the use of the s		k Ltd., to debit my / our account		
<ol> <li>I/We declare that as per Exchange Control guidelines issued by RBI</li> <li>the mandate holder can exercise the authority conferred by this letter to general permission or have obtained specific permission from RBI.</li> </ol>	withdraw for local payments only, and make inves	stment in India where I / we hold		
b) the mandate facility permits the mandate holder to remit funds in foreign  4. I/We hereby undertake that I/we and our/my mandate holder shall compl		elines issued by the RRI and the		
Foreign Exchange Management Act, 1999 and all regulations thereof, include undertake that I / we have made known to the mandate holders the specific	ing the Foreign Exchange Management (Deposit) I	Regulations, 2000. I / We hereby		
undertake to indemnify ICICI Bank against any loss, damage, claim, action, p Bank on account for any activity undertaken by the mandate holder by the us	roceedings, costs, charges and expenses that may e of the ATM Card.	be suffered or incurred by ICICI		
<ol><li>The specimen signature of the mandate who has been authorised to operate by me/us.</li></ol>		s been duly attested and verified		
<ol> <li>This authority shall continue in force until I / we expressly revoke it by a notice.</li> <li>I have read and understood all the conditions stated above and hereby a</li> </ol>	o ,	count by signing as under:		
(x) Signature of	f Mandate Holder			
I / We have read and understood all the conditions stated above and hereb	y agree to comply with same and I / we attest a	nd verify the above signature.		
(x) Signature of 1st Applicant	(v) Signature of 2nd Applies	nnt.		
(x) Signature of 1st Applicant	(x) Signature of 2nd Applica	1111		
Documents Required For Mandate Holder (Mandate Holder should self-attest the photocopies of all documents submitted				
as documentary proof. He / She can hand over the same to his / her nearest ICICI Bank branch. The Mandate Holder should carry above documents in original for	Address Proof documents (attach any one of th			
verification purposes.)  Identity Proof documents (attach any one of them)	<ul> <li>Latest Electricity Bill (Not older than 2 billing cyc</li> <li>Certificate from the postal office confirming addle</li> <li>(Either on letterhead or under office seal and sig</li> </ul>	ress of applicant		
1 Passport 2 Driving License - Book type or laminated & embossed	Post Master) 4 Telephone bills from any telephone service prov	,		
(With or without signature of the Mandate Holder) 3 Employee Identity Card	(Not older than 2 billing cycles. Mobile phone bi 5 Consumer gas connection card / book / Pipe Gas	s bill (same as electricity bill)		
(ID cards of Public Ltd Co or Private Ltd Co or Central / State Govt. Depts/ bodies / Defence / Public Sector Unit / Banks) 4 PAN Card	<ul><li>(Along with receipt for gas supply not older than gas supply)</li><li>6 Certificate from the ward / equivalent rank office</li></ul>	,		
(Issued by Income Tax Authorities)  5 Defence Dependent's card	certifying address of the applicant (Either on letterhead or under office stamp / seal	-		
(Issued by Commanding Officer of Station Head Quarters) 6 Ex-Service Man Card	7 Premium Receipt from any life insurance compa (Receipt of last premium paid depending on the	ny periodicity of payment (monthly/		
(Issued by Zilla Sainik Boards) 7 Bar Council / Indian Medical Association Card / Senior Citizen Card	qtly / half yearly / yearly). Copy of premium notic premium is already due on the date of account of	ppening)		
(Issued by respective Councils / Associations) 8 MAPIN card (Issued by authorized agents of SEBI)	8 Domicile Certificate with communication addres (Issued by Dist Collector / Deputy Commissioner officer)			
9 Printed Ration Card with Photograph of Mandate Holder.	9 Printed Ration Card with Photograph of Mandate	e Holder.		
FOR INTERNAL USE ONLY Savings Assount No: (to which the ATM Card will be linked)				
Savings Account No: (to which the ATM Card will be linked)				
Primary Account Holder's Name:   _ _ _ _ _ _		.		
Verified by: Signature Service	eal Mandate Customer ID:			

#### **INSTRUCTIONS FOR FILLING OUT THIS FORM**

- 1. Please ensure that you affix photographs of each of the account holders, along with their signatures. You can allow a family member / friend in India to operate your account as your "Mandate Holder".
- You can send this completed form along with all requisite documents to any of our branches. Alternately, you can send them to ICICI Bank Limited, RPC Mumbai, Autumn Estate, 1st Floor, 'A' Wing, Near Mhada, Chandivali, Andheri (E) Mumbai-400 072, India.
- ICICI Bank reserves the right to open an account at any branch at its discretion in case you do not indicate a preference.
- Please ensure Relationship Form is accompanied with a cheque equivalent to INR 15250 or more for NRE Savings Account if the form is submitted at a branch in India.
- Incase you are sending monies in AUD, CHF, HKD, NOK, SEK, SGD, USD, EUR, CAD or GBP, you may use Money2India (www.money2india.com) to fund your account.
- Should you prefer our representatives calling on you for assistance in account opening, email us at nrinfo@icicibank.com
- For any further clarifications or information, call us at: US and Canada customers: 1-866-ICICI4U (24 hours, toll free). UK customers: 08081-31-41-51 (from 0830 Hrs to 2030 Hrs GMT, toll free) Other countries: +91-40-2312 8925
- Please visit www.icicibank.com to download a copy of the Code of Commitment which we have adopted.

## **DOCUMENTS TO BE SENT TO OPEN AN ACCOUNT**

IN BRANCH (If you are meeting an ICICI bank official)

- 1. In case you are a NRI (Non Resident Indian)
  - a. Photocopy of the relevant pages of your current passport where your name, date of birth, date & place of issue, expiry date, photograph & signature appear.
  - b. Photocopy of valid work permit / employment visa (in case of expired visas, duly acknowledged petitions made to the Visa Authorities for renewal of visas will be accepted as a valid document.)
- 2. In case you are a PIO (Person of Indian Origin)
  - a. Photocopy of the relevant pages of your current passport
  - b. Copy of PIO card OR Self-declaration for PIO as given on page 2 of Part B of this Relationship Form.

#### INDIAN ADDRESS PROOFS

- Address on Passport
- Utility bill, i.e. Electricity bill, Landline Telephone bill, Gas connection bill, Water connection bill,
- Overseas / Indian Bank Statement (Bank passbook will not be accepted)
- Rent Receipt along with duly stamped / registered lease deed. Lease deed should be valid as on date of account opening.
- Letter from existing banker, this letter should clearly specify that the mentioned address is your communication address and your period of relationship with the bank is more than 3 months.
- Latest premium receipt from any life insurance company (depicting policy is in force as on date)

#### **OVERSEAS ADDRESS PROOFS**

- Address on Passport
- Utility bill, i.e. Electricity bill, Landline Telephone bill, Gas connection bill, Water connection bill,
- Overseas / Indian Bank Statement (Bank passbook will not be accepted)
- Rent Receipt along with duly stamped / registered lease deed (wherever applicable) Lease deed should be valid as on date of account opening.
- Letter from existing banker, this letter should clearly specify that the mentioned address is your communication address and your period of relationship with the bank is more than 3 months.
- Residence Permit (Government issued Identity Card)
- . Driving License (Only if issued by US & UK authorities)
- · PIO Card (should be valid as on date of account opening)
- · Letter from government postal authorities
- Shop License issued by government authorities, with your name and address mentioned (should be valid as on date of account opening)
- · Letter from employer duly notarized mentioning your name and address.

#### ADDRESS PROOF IN NAME OF SPOUSE / BLOOD RELATIVE

Address proof can be of self OR in name of blood relative / spouse only, for this purpose blood relatives are defined as:

Parents Children
 Brothers / Sisters

Additional documents to be collected in case of address proof in name of blood relative / spouse:

- Address proof of blood relative/spouse
- Any one of the following will be accepted to establish relationship
- Passport
   Birth Certificate Marriage Certificate Ration Card · Matriculation Certificate Court Affidavit · School Leaving Certificate
- No Objection Certificate from the blood relative (not required for spouse), stating that they authorize the prospective applicant to use his/her (blood relatives) address as applicant's communication address. (Declaration format available with the branch)

All the above address proofs (India, Overseas, spouse / blood relative), should be for the last 2 billing cycles and issued within last 6 months (except for Passport, PIO Card and Government issued unique identity document).

#### ADDITIONAL REQUIREMENT FOR NON FACE TO FACE ACCOUNT OPENING

- For NRIs from Australia, Belgium, Canada, France, Hong Kong, Japan, Singapore, United Kingdom, and USA, a self drawn initial funding cheque is mandatory. Please note that the signature on the cheque and on the application form should match.
- For all the other countries except Australia, Belgium, Canada, France, Hong Kong, Japan, Singapore, United Kingdom, USA and Germany, both self drawn initial funding cheque and certification of documents shall be required from any of the following authorities - banker / financial institution / credit unions/ exchange houses mentioned below or from the indian embassy/ notary (or equivalent of notary as applicable by law).

### SEAFARER'S ACCOUNT

- 1. Copy of Passport with Visa (relevant pages of passport where the customer's name, address, date of birth, date & place of issue, expiry date, photograph as well as the page incidating last date of arrival in India) OR Copy of Passport and separate proof of NRI status if Visa / Permit is not included in the passport OR copy of Passport and CDC (Continous Discharge Certificate).
- Latest Contract letter
- 3. Declaration letter (as per specimen on page 2 of Part B of this Relationship Form)

If you are a Permanent employee, then please provide the following: a.Initial work contract &

b. Last wage slip (within last 6 months)

If you are a contract employee, then please provide the following:

- Last work contract valid as on date.
  - If last contract letter has expired within last 9 months, the same would be accepted without need of new contract letter confirmation from local agent. This is acceptable only if CDC is valid (as on date of account opening), as CDC is a sufficient proof of NRI status. If customer does not have CDC but holds valid visa, then last contract letter will be accepted as above, if passport shows immigration seal within last 6 months.
- b. If the contract letter has expired prior to 9 months, letter from local agent confirming next date of joining vessel or current work contract letter will be required. Current address proof is not mandatory, however permanent address proof is mandatory.