

MOST IMPORTANT INFORMATION

For the customer's attention. Please read carefully before signing.

ACKNOWLEDGMENT FORM CUSTOMER'S COPY

DATE: _____

I/We refer to the application form no._________ submitted by me/us to ICICI Bank Limited for _________ account. I/We have accepted and agreed to the following information that has been provided to me/us.

Please tick any one option below	NRI Account type	MAB ^{##} (Monthly average balance) requirement	Non maintenance of MAB charges [#] (NMMAB)	Debit Card annual fees [#]
	NRI Regular/ Minor account/ Seafarer account	 INR 10,000 at account level Or INR 25,000 at Customer ID level 	INR 100 + 5% of the shortfall in required MAB or ₹ 500 whichever is lower.	INR 199 for NRI silver debit card
	NRI Pro account	 INR 1,00,000 at CASA level Or INR 5,00,000 at Customer ID level 	INR 100 + 2% of the shortfall in required MAB or ₹ 500 whichever is lower.	Nil for NRI platinum debit card
	NRI Premia account	 INR 5,00,000 at CASA level Or INR 25,00,000 at Customer ID level 	INR100 + 1% of the shortfall in required MAB or ₹ 500 whichever is lower.	Nil for NRI world debit card
	NRI Student account	• INR 5,000 at account level Or 5,000 at Customer ID level	INR 100 + 5% of the shortfall in required MAB.	INR 199 for NRI silver debit card
	NRI Low balance account (Easy NRI account)	• INR 2,000 at account level	INR 100 + 5% of the shortfall in required MAB.	INR 199 + Service Charges
	NRI Staff account	Nil	Nil	Nil for NRI silver debit card
	NRI Sapphire club	Nil	Nil	Nil for NRI silver debit card

2	account	
6	locum	

**Service Tax applicable*

##Minimum balance requirement:

Account level: Minimum average balance maintained in each Saving/Non-interest bearing account under same Customer ID.

CASA level: Cumulative minimum average balance in all Saving/Non-interest bearing accounts under same customer ID. Customer ID level: Cumulative minimum average balance in all Saving/Non-interest bearing accounts under same customer ID + Month end FD/RD balance.

I/We acknowledge that:

1. (a) I/We have been provided with the "User Guide"

OR

(b) I/We have gone through the 'new customer' section and the schedule of charges as updated on the Bank's website www.icicibank.com/nri

2. Any other charges that are not mentioned herein above but are provided for in the User Guide or on the Bank's website www.icicibank.com/nri shall be applicable to me/us.

3. I/We shall be governed by the terms and conditions applicable to the aforesaid account and it shall be my/our responsibility to obtain and read a copy of the terms and conditions.

4. The charges and terms and conditions mentioned herein above and in the User Guide are subject to revision from time to time, notice of which shall be provided by ICICI Bank in its website www.icicibank.com/nri.

5. I/We am/are aware that there is a change in Schedule of Charges applicable for ICICI Bank NRI Savings / Non-interest bearing Accounts effective June 1, 2016. I/We understand that ICICI Bank has revised its minimum average balance requirement for NRI savings and non-interest bearing accounts from Quarterly average balance (QAB) to Monthly average balance (MAB) and I/We agree to be bound by the same.

Name of Applicant(s):	
Signature of Applicant(s):	Date
Name of Bank Official:	
Signature:	Date

Disclaimers:

Reference should at all times be made to the website of ICICI Bank to determine the latest applicable charges on each of the services illustrated in the User Guide. ICICI Bank reserves the right to discontinue any of the services/privileges as illustrate in User Guide, on provision of due notice. No liability will incur on ICICI Bank and/or its employees, representatives, agents for any liability, damages, expenses suffered/incurred by any person for discontinuance, revision of the provision of the services/privileges as illustrated in User Guide.



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Please tick any one option below	NRI Account type	MAB ^{##} (Monthly average balance) requirement	Non maintenance of MAB charges [#] (NMMAB)	Debit Card annual fees [#]
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	NRI Sapphire club account	Nil	Nil	Nil for NRI silver debit card

#Service Tax applicable

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Name of Applicant(s):		
Signature of Applicant(s):	Date	
Name of Bank Official:		
Signature:	Date	

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