**Annexure CA-8**

Declaration of Sole Proprietorship (On plain paper)

Bar Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date : 22-May-20

Place:

The Manager,

ICICI Bank Ltd.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ branch

Dear Sir/Madam,

Ref: Account Name: Account Name

Account no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (optional)

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the sole proprietor of the business conducted under the name and style of M/s. Account Name (“Firm”) and am desirous of opening current account.

2. I am solely responsible for the conduct of the affairs of the Firm and hereby authorise the Bank to debit the account of the Firm with all cheques/instruments purporting to have been drawn thereon provided they have been signed by me. I hold myself responsible for all such instructions given by me or by persons authorised by me for operating the account, and agree to abide by the applicable terms and conditions as may be specified by ICICI Bank from time to time.

3. I shall advise you in writing of any change that may take place in the constitution of the Firm and shall be liable for all such obligations and liabilities that have been liquidated or discharged till ICICI Bank acknowledges such a change in the constitution of the Firm in writing.

I further agree to execute such deeds, documents and other writings as may be necessary or required for the purpose of opening the account and for availing the services and facilities.

Yours faithfully,

Name:

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be signed in individual capacity without the firm’s rubber-stamp

Most Important Document (MID)

**Select: Bank/Customer Copy (one copy to be retained by the Bank and other to be given to the customer)**

Bar Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please quote this bar code for any future reference communication)

Account Name: Account Name

**Product suitability grid:**

|  |  |  |  |
| --- | --- | --- | --- |
| Annual turnover | Metro and Urban locations | Semi Urban | Rural |
| Up to Rs <30> lakh | Roaming Current Account Standard | Roaming Current Account Standard | NA |
| Rs <30> lakh to Rs <60> lakh | Classic 2.0 | SBA 2.0 Silver | SBA 2.0 Silver |
| Rs <60> lakh to Rs <120> lakh | SBA 2.0 Silver | SBA 2.0 Gold | Select Circle Silver/ SBA 2.0 Gold |
| Rs <120> lakh to Rs <600> lakh | SBA 2.0 Gold | SBA 2.0 Gold | Select Circle Gold / SBA 2.0 Gold |
| More than Rs <600> lakh | SBA 2.0 Platinum | SBA 2.0 Platinum | SBA 2.0 Platinum |

Depending on unique customer business requirements like import/export transactions, new start up, etc. special variants are available. Please ask the Bank executive to explain the features of the same to you or visit our **website www.icicibank.com.**

1. I/We have understood the Charges applicable to the product variant opted for. I/We also understand that we are required to maintain a Monthly Average Balance (MAB)/Quarterly Average Balance (QAB) or Total Monthly Throughput (MTP) in the Current Account variant opened by me/us for which ICICI Bank (‘’the Bank”) would provide services, as applicable, free of charges except where otherwise specified in the charges and Non Maintenance charges will be levied as per the service charges applicable without any further notice, if MAB/QAB is less than mentioned.

|  |  |  |  |
| --- | --- | --- | --- |
| Current Account Variant | MAB/QAB | MTP | Non-Maintenance charges (Rs) \*\* |
|  |  |  |  |

1. I/We confirm that I/we have read the Terms & Conditions at www.icicibank.com which details the rules governing account operations and am/are in possession of the Service Charges applicable, which specifies the charges applicable for various services as mentioned.
2. I/We hereby authorise ICICI Bank to send me mobile or e-mail alerts, as the case maybe, on the mobile number/e-mail ID mentioned on Account Opening Form, in accordance with the terms thereof.
3. I/We undertake that I/we will submit the PAN details within 30 days of account opening. I/We understand and accept that if I/we fail to do so within the time stipulated by the Bank, the Bank shall have a right to close my/our account, without any further intimation in that regard.
4. I/We confirm receipt of copy of this MID for my/our records.

(Signature of Authorised Signatory under the rubber stamp of the firm)

Date:22-May-20 Place:

Signature of Bank officer: Employee ID:

**\*\*Excluding GST and other Government taxes as applicable.**

The code of commitment of ICICI Bank is available at all branches of ICICI Bank and also available at www.icicibank.com. Code of commitment will be sent to you after account opening.

Date: 22-May-20

To

Branch Manager,

ICICI Bank Ltd

TO WHOMSO EVER IT MAY CONCERN

**Subject: Submission of requisite KYC documents within 15 days**

I /We write with respect to our application for opening of a current account in the name of

Account Name with ICICI Bank without the immediate submission of KYC (Know Your Customer) in the name of the Entity, Authorised Signatories and Beneficial Owners as required by applicable ICICI Bank policy/process. I/We hereby declare that presently we are unable to submit the requisite documents due to current situation of lock down.

I / we do here by give my/ our consent of the signature/s updated in the existing account \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to be used for the above said account opening request.

I/we do hereby understand that in the event the cumulative debits in the account exceeds Rs 5 lakhs, then bank shall be entitled to place this account under Debit Freeze, until the requisite KYC documents are submitted.

I/we hereby undertake to submit the required document/s failing which ICICI may take the following steps without providing us/me with any further intimation/notice.

In the event the required documents are not provided within 7 days from lifting of lockdown, I/We understand that ICICI shall be entitled to place this account under Debit Freeze.

In the event the required documents are not provided within 15 days from lifting of lock down, I/We understand that ICICI shall be entitled to close the account as per applicable ICICI Bank’s policy/process.

In the event ICICI Bank is required to close this account. I/we understand that ICICI Bank shall send the available funds in the account vide a DD/PO in the name of account holder to the address registered with ICICI Bank in relation to this account.

I/We undertake not to hold ICICI Bank responsible for any direct, indirect, consequential liability/claims/loss suffered by me/us due to ICICI Bank undertaking any of the aforesaid actions.

Thank you,

Signature

F**ATCA /CRS Declaration Form - (Non-Individual)**

Customer ID\*/Account No\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Bar Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Account Name

|  |  |  |
| --- | --- | --- |
| A.  Is the account holder a Government body or an International |  |  |
| Organization like World Bank, WHO, IMF etc. | Yes/ No |  |
|  |  |  |
| B. Is the account holder a listed entity on a recognized stock exchange |  |  |
| *If “yes” please specify name of stock exchange \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Yes/ No |  |
|  |  |  |
| C. Is the account holder an Indian Financial Institution |  |  |
| *If “yes”, please provide your GIIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | Yes/ No |  |
| *(If GIIN is not there then provide the reason for not having it)\_\_\_\_\_\_\_\_\_* |  |  |
|  |  |  |
| D. Is the account holder tax resident of any country other than India |  |  |
| *If “Yes”, then please fill FATCA/ CRS self-certification form* | Yes/ No |  |
|  |  |  |
| E*.* Is the entity substantially owned or controlled by persons resident for |  |  |
| tax purpose in any country outside India or US persons: | Yes/ No |  |
| (Kindly go through the table below and select the appropriate category) |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| S. No. | Entity Type | Controlling Person / Substantial owner | *Yes/ No* |
| E-1 | Company | Any natural person holding more than 25% of shares or capital or profits in a company or chain of ownership | Yes/ No |
| E-2 | Partnership | Any natural person holding more than 15% of the capital or profits of the partnership firm | Yes/ No |
| E-3 | Unincorporated association or Body of individuals | Any natural person holding more than 15% of the property or capital or profits of an unincorporated association or body of individuals | Yes/ No |
| E-4 | Trust | Any natural person being the settlor of the trust, the trustee, the protector, the beneficiaries with 15% or more interest in the trust and any person exercising ultimate effective control over the trust through a chain of control or ownership where the account holder is a trust | Yes/ No |

|  |  |  |
| --- | --- | --- |
| E-5. If the answer to question ‘E’ is Yes but the answer E-1 to E- 4 is ‘No’ | Yes/ No |  |
| then is there any natural person exercising control over the entity |  |  |
| through voting rights, agreement, arrangements, etc. or any other means. |  |  |
|  |  |  |
| E-6. If the answer to question ‘E’ is Yes but the answer E-1 to E- 5 is ‘No’ | Yes/ No |  |
| then relevant natural person who holds the position of senior managing official |  |  |

If any of the above point in section E is ticked as Yes & the controlling persons are resident for tax purpose outside India or US persons then provide FATCA/CRS Self- Certification.

|  |
| --- |
| **Customer Declaration** |
| (I) Under penalty of perjury, I/We 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, or (This clause is applicable only if the account holder is identified as a U.S. person)  2.The applicant is taxable as a tax resident under the laws of the country outside India (This clause is applicable only if the account holder is a tax resident outside of India)  (II)I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA or CRS or its impact on the applicant. I/We should seek advice from professional tax advisor for any tax questions  (III) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect  (IV) I/We agree that as may be required by regulatory authorities, the Bank may also be required to report reportable details to CBDT or close or suspend my account  (V) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct, and complete including the taxpayer identification number of the applicant. |

|  |
| --- |
| **Name of the Entity : Account Name** |
| **Signature1 ­­­­**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature 2**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Signature 3**  : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(As per MOP)** |
| Date: 22-May-20 |