



bank to debit the Service charges. I/We hereby further authorizes the bank to charge interest, at the prevailing commercial rate, on overdrawn balances in the Said Account(s) due to the debiting of Services Charges. The bank shall not be obliged to provide overdraft facility on the Said Account except those arising out of debit of Service Charges payable by me/us. I/we hereby undertake to remit the amount of debit plus the interest within 15 days of being notified about the same. I / We also authorize the bank to arrange to exercise a lien over the dematerialized shares till the dues are remitted in fully by me/us. The bank account details are given below. I/We hereby undertake not to revoke this authority without the written approval from the bank. I/We hereby specifically agree and confirm that the any matter or issue arising hereunder shall be governed by and constructed Exclusively in accordance with with the Indian laws and shall be subject to the jurisdiction of the courts of Mumbai in India. I, Hereby, declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for Reasons of incomplete or incorrect information, I would not hold the user institution responsible. I hereby agree to discharge charge The responsibility expected of me as a participant under the scheme.

Signature of Bank Account Holder(s)		
_____	_____	_____
SIGNATURE OF SOLE/FIRST HOLDER	SIGNATURE OF SECOND HOLDER	SIGNATURE OF THIRD HOLDER

Signature of Demat Account Holder(s)		
_____	_____	_____
SIGNATURE OF SOLE/FIRST HOLDER	SIGNATURE OF SECOND HOLDER	SIGNATURE OF THIRD HOLDER

**Banker's Verification (Required in case of Bank account mentioned is Non ICICI Bank account as well as ICICI Bank account)**

The Bank Account Number & Signature of Account Holder has been verified.

Name of Authorised Signatory of Bank \_\_\_\_\_

Designation and Employee Number of Authorised Signatory of Bank \_\_\_\_\_

Date: <table border="1" style="display: inline-table; text-align: center; font-size: x-small;"> <tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> </table>	D	D	M	M	Y	Y	Y	Y	_____ <small>SIGNATURE OF AUTHORISED SIGNATORY OF BANK WITH BANK SEAL</small>
D	D	M	M	Y	Y	Y	Y		

CHECKED	TICK FOR VERIFICATION BY BANK
1. All Demat Account Holders should sign on the request form.	<input type="checkbox"/>
2. Confirm whether Demat Account & Savings Account of the applicant are active. (In case of closed Account, the same needs to be intimated to the customer)	<input type="checkbox"/>
3. In case the name of the holder is not mentioned on the cancelled cheque, Banker's verification should be obtained.	<input type="checkbox"/>
4. Bank Account Number given on the cancelled cheque should match with the account number given on the request Form.	<input type="checkbox"/>
5. All Demat Account Holder's signature should match with the Demat records.	<input type="checkbox"/>
6. Name of the Account Holder on the request letter, Demat Account & Savings Account should match.	<input type="checkbox"/>

**Acknowledgement**

We have received your request for change in Bank Account details:

DP ID 

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 Client ID 

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 SR No. \_\_\_\_\_

Demat Account Holder's Name \_\_\_\_\_

ICICI Bank Official Name \_\_\_\_\_

ICICI Bank Official Signature \_\_\_\_\_ SDO Name \_\_\_\_\_ SDO CODE \_\_\_\_\_

Date 

D	D	M	M	Y	Y	Y	Y
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