

ICICI Bank Limited, CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai - 400072. (Important Note: Please do not send requests directly to this address. Kindly route all your requests through the nearest ICICI Bank Demat Servicing Branches)

Application for Change in Bank Account Details (NSDL/CDSL)

Date D D M M Y Y Y Y DP ID Client ID				
Name of Sole/First Holder				
Name of 2nd Holder				
Name of 3rd Holder				
I/We hold the above Demat account with you and request you to register necessary changes in my/our account as per the details given below for Electronic Clearing Service / Direct Debit Mandate/ Bank Details for receiving dividend, interest, IPO Credits etc.				
<ol> <li>It is mandatory to provide complete details required below. In absence of complete details, the form may be rejected.</li> <li>For Debit of Demat charges, ICICI Bank Account is Mandatory.</li> <li>For ICICI Bank Account holders mode of payment will be Direct Debit.</li> <li>Please attach a cancelled cheque carrying above mentioned Bank details. Clients mentioning ICICI Bank Account details need not attach a cancelled cheque.</li> <li>Please (</li> <li>tick here</li> </ol>				
I understand that the mentioned ICICI Bank Account will be used for:				
a) Disbursing Dividends / Interest b) Recovering all DP Charges in respect of the demat account c) Both				
Name of Bank Account Holder				
Bank A/c No Bank Branch				
Name of the Bank				
Branch Address				
IFSC Code				
Account Type (Please tick ✓) □SAVING □CURRENT □NRE □NRO □OTHERS(Please Specify)				
*9-Digit MICR Code Number of the Bank & Branch				
I understand that the mentioned Non ICICI Bank Account will be used for disbursing dividends/interest.				
Name of Bank Account Holder				
Bank A/c No Bank Branch Bank Branch				
Name of the Bank				
Branch Address				
IFSC Code ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐				
*9-Digit MICR Code Number of the Bank & Branch				
To,				

July 2019

ICICI Bank Ltd. (Applicable only if Bank mentioned above is ICICI Bank Ltd.)

I/We hereby also authorize the bank to debit all charges in respect of the demat account payable by me / us & also to credit all dividend to the above mentioned account. I/We undertake that sufficient balance shall be maintained by me / us shall in no any way impair the right of the



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 F	ATURE OF THIRD HOLDER	
Signature of Demat Account Holder(s)				
SIGNATURE OF SOLE/FIRST HOLDER	SIGNATURE OF SECOND HOLDER	SIGNATURE OF THIRD I	HOLDER	
anker's Verification (Required in case of Ba he Bank Account Number & Signature of Ac	ank account mentioned is Non ICICI Bank acc	ount as well as ICICI Bank acco	unt)	
lame of Authorised Signatory of Bank				
	wined Ciameters of Dank			
esignation and Employee Number of Autho	rised Signatory of Bank			
Date: D D M M Y Y Y Y	SIGNATURE OF A	UTHORISED SIGNATORY OF BANK WITH BAI	NK SEAL	
	CHECKED	TICK FOR VI	ERIFICATIOI BANK	
1. All Demat Account Holders should sign on the request form.				
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)				
3. In case the name of the holder is not mentioned on the cancelled cheque, Banker!s verification should be obtained.				
Bank Account Number given on the cancelled cheque should match with the account number given on the request Form.				
5. All Demat Account Holder's signature should match with the Demat records.				
6. Name of the Account Holder on the request letter, Demat Account & Savings Account should match.				
knowledgement				
have received your request for change in E				
	entib           Sit No			
	SDO Name_			
e D D M M Y Y Y Y				