

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)

CHANGE IN NAME FORM											
Date: D D M M Y Y Y Y	Service Request No.:										
Customer Details											
I/We have existing Demat account number	DP ID: Client ID:										
PAN No.											
(Please fill in all the details in CAPITAL LETTERS and use BLACK INK only. Fields with * (asterisk) are mandatory)											
Name of Sole/1st a/c Holder Name of 2nd a/c Holder Name of 3rd a/c Holder Customer Declaration I/We request you make the following changes in my / Request Type	MIDDLE NAME LAST NAME LAST NAME Our account. The necessary documents for proof of change is enclosed for records.										
Change of Name - Reason for name change :											
Old Name of applicant (as per Bank's reco	rds) New Name of applicant (to appear in Bank's records)										
List of documents (Select any one)											
Request letter along with Marriage Certificate official gazette Attested copy of Gazette for name change Note: Please submit self attested documents Customer Signatures:	e or Copy of passport showing husband's name or publication of name change in SIGNATURE OF SECOND HOLDER SIGNATURE OF THIRD HOLDER										
Acknowledgement We have received your request for change in Name. DP ID: Client ID: Demat Account Holder's Name Received by											
Bank Official Signature Bra	snch SR No										



KYC Details Change form (For Individuals Only)

☐ (Attested) True copies of documents received

Main Intermediary

Application No.:

A Name of Applicant(Mandatory as p	er original K`	YC record	ls)														
Title ☐ Mr. ☐ Ms. ☐ Other (Please specify)	Aadhaar	Number,if	any:							PAN							
Name														i	T		
Date of Birth ddd / m m / y	/																
ease Provide the new KYC details which	should be u	ndated in	vour KY	C record	ls.												
B. Mandatory fields for KYCs done l																	
1. Father's/Spouse Name																	
2. Current Marital status Single Marrie	d		3	Current	Nation	ality	☐ India	an [Othe	r	(Please s	pecify)					
Note "FOR OFFICE USE ONLY": The IPV C			orily filled	for all KY	'Cs regis	stere	d before	1st Ja	anuary	2012	2. Origii	nals S	een a	nd Ve	erified	l shou	ld
be mandatorily filled for changes to Identity	and Address	details.															
C. Identity Details (please see guide		af)															
1. New Name(As appearing in supporting identifica Name	tion document).	1 1	1 1 1	1 1		ı		1 1	ı		l I			1		ı	ı
Name																	
2. New Status Please tick (✓) ☐ Resident Indi	vidual 🗆 No	n Resident (Passnort Co	nv Mand	atory for	· NRI	s & Foreig	n Nat	onals)								
3. PAN		enclose a du			•			ival	Ji lula)								
4. Proof of Identity submitted for PAN exen			,	copy or yo	, or 1771N	Caru											
☐ Aadhaar Card ☐ Passport ☐ Voter II	•												(Pleas	e see	guide	line '[)' ove
D. Address Details (please see guide	lines overle	eaf)															
1. New Address for Correspondence																	
															-	-	
City / Town / Village												Pin	Code			+	
State					Cou	intry						1					
2. Contact Details																	
Tel. (Off.) (ISD) (STD)					Tel.	(Res.)		(ST	-								
Mobile (ISD) (STD) E-Mail Id.						Fax	(ISD)	(ST)						_	+	
3. Proof of address to be provided by Appli	cant Please si	ubmit ANN	ONE of t	he follos	vina va	lid d	locumon	tc Ω.	tick (<u> </u>	ainct t	ho do	cume	nt at	tache	od -	
Passport Ration Card Registered L																	
*Latest Telephone Bill (only Land Line) *Not more than 3 Months old. Validity/Expiry								·	l I	1	. 1						
4. New Permanent Address of Resident A	•						ddress					Resid	ent A	ilaa	cant		
City / Town / Village												Pin	Code				
State					Cou	ıntry							Couc				
5. Proof of address to be provided by A																	
☐ Passport ☐ Ration Card ☐ Registere ☐ *Latest Telephone Bill (only Land Line)										y Car	d □*l	.atest	Bank	A/c	State	ment	'Pass
*Not more than 3 Months old. Validity/Ex							n m /			y y	/						
6. Any other information:																	
SIGNATURE OF APPLICANT			DEC	LARA	TION						SIG	ΝΔΊ	THR	F O	FΔ	PPI	ICΔ
SIGNATURE OF ATTECHN	I hereby de	eclare that					are true a	and c	orrect	to	510						
	the best o	f my/our k	knowledge	e and be	lief and	d I u	ndertake	e to ii	nform								
Old signature as per original KYC	you of any information									or							
Wherever Applicable	misreprese																
	Place:				Date	,	dd/m	m / 1	/ V V	, 1							
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MC/Intermediary name OR code		Seal/S	stamp of th		-	noul	d contain			Sea	/Stamp	of th				nould	cont
MC/Intermediary name OR code [(Originals Verified) Self Certified Document cop		Seal/S	itamp of th	e intermo Staff Na Designa	ame	nould	d contain			Sea	/Stamp	of th	Staf	rmed Nam gnatio	ne	nould	cont

Name of the Organization

Signature

Date

Name of the Organization

Signature

Date