

### E-instruction Registration Form

SDO Code:

SDO Name \_\_\_\_\_

Date

DP ID

Client ID

\* Demat Account form no (This is a non-mandatory field)

Sole/First Holder

Second Holder

Third Holder

I / We hold the above-mentioned demat account and have submitted the form for E-Instruction Registration / Cancellation. I request you to: (Please  applicable box)

- I/We wish to register for E-instruction. I/We wish to avail of the facility that allows me/us to instruct you through the Internet and Phone (IVR) to transfer securities from the above-mentioned source account to the following target account.
- I/We wish to cancel the pre-notified accounts given earlier and want to register for the following account(s) for which I can give transfer instruction through Internet and Phone (IVR) in future.
- I/We wish to continue with one or more accounts registered earlier and also want to register for the following account(s) for which I can give transfer instruction through Internet and Phone (IVR) in future. (mention the old pre-specified account(s) here again, else it/they will be cancelled).

Sr No.	Target DP Name/Clearing Member Name	Target DP-ID/CM-BP-ID (Not applicable to CDSL Account)	Target Account Number (Not applicable to Clearing Member) Specify whether the account is held with CDSL or NSDL
1.		<input type="text"/>	CDSL <input type="text"/> NSDL <input type="text"/>
2.		<input type="text"/>	CDSL <input type="text"/> NSDL <input type="text"/>
3.		<input type="text"/>	CDSL <input type="text"/> NSDL <input type="text"/>
4.		<input type="text"/>	CDSL <input type="text"/> NSDL <input type="text"/>
5.		<input type="text"/>	CDSL <input type="text"/> NSDL <input type="text"/>

I/We wish to cancel our registration for E-instruction because (specify reason) \_\_\_\_\_

I/We hereby declare that the particulars given above are true, correct and complete to the best of my/our knowledge and belief.

**Instructions:**

- i) If the Pre-notified account is
  - of the Clearing member, then the CM-BP-ID and the Clearing member's name should be filled in.
  - the Beneficiary account with NSDL, then the DP ID, DP name and 8 digit account number should be filled in.
  - an account held with CDSL, then the DP name and 16-digit account number should be filled in.
- ii) Please fill out a separate registration form for each account to be enabled for E-instruction.
- iii) You can specify only five pre-notified accounts for E-instruction.
- iv) Please read the terms and conditions for use of the E-instruction, Internet Banking and Phone Banking services available at <http://www.icicibank.com/pfsuser/webnews/tandc.htm>
- v) Carry a valid/original proof of identity (PAN card, Driving License, Voter ID, Aadhaar card or Passport).
- vi) In case of NRI : The proof of identity has to be self-attested and verify by anyone of the following entities viz; Notary public, Magistrate or Indian Embassy/Consulate general of the residing country.

**Channel registration for web/phone (To be filled in if not already registered)**

I would like to avail of the Internet Banking Channel and Phone Banking channel for this Demat Account:

First applicant's mother's maiden name is	
First applicant's date of birth is	
Existing ICICI relationship number for phone banking channel, if any	
Existing ICICI internet banking customer User ID, if any	
First applicant's ICICI bank savings account number, if any	
First applicants Email ID	

**Declaration**

I/We affirm, confirm and undertake that I/we have read and understood the Terms and Conditions for the use of the E-instruction, Internet Banking and Phone Banking services of ICICI Bank Limited as displayed on the website <http://www.icicibank.com/pfsuser/webnews/tandc.htm> and that I/we agree on my/our own behalf, or as the mandate holder on behalf of the joint holders, to abide by such Terms and Conditions.  
 I/We, the joint applicants hereby confirm that I/we have instructed and authorized the first applicant to view/access the information on the said account for and on behalf of all of the undersigned and under our specific instructions as stated in this letter. We hereby state that should we wish to revoke the above authorization, we shall duly issue a letter of revocation to ICICI Bank in this regard. We hereby agree that until ten days after ICICI Bank receives such letter revoking the above mandate, the authorization as aforesaid shall hold good.

_____ SIGNATURE OF SOLE/FIRST HOLDER	_____ SIGNATURE OF SECOND HOLDER	_____ SIGNATURE OF THIRD HOLDER
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**KYC certification (For ICICI Bank use only)**

I have verified the proof of identity of the person(s) submitting the request and I am satisfied that the person(s) who has/have signed in my presence is/are the account holder(s).

Name of ICICI Bank Official:

Date         Employee No: .....

\_\_\_\_\_  
(SIGNATURE OF ICICI BANK OFFICIAL)

\_\_\_\_\_  
(BANK BRANCH SEAL)

**Checklist:**

SR No	Items to be checked(for ICICI Bank use only)	
1.	If the demat A/C is suspended for PAN, please follow the PAN updation process as mentioned in circular 12724.	<input type="checkbox"/>
2.	The E-instruction registration form should be submitted in person by at least one of the account holders. He/She should sign in front of the branch official. A Branch official should verify the proof of identity of the account holder Scan the identity with E-instruction request.	<input type="checkbox"/>
3.	In case of Channel Registration for Web / Phone, mother's maiden name and date of birth is mandatory. Match the details of the client with the details mentioned in DP secure.	<input type="checkbox"/>
4.	All account holders should sign the request form and it should match with the signature in our records.	<input type="checkbox"/>
5.	Check the status of the demat a/c if it is already closed, and inform the customer about it.	<input type="checkbox"/>
6.	E-instruction facility is available only for Individual customers.	<input type="checkbox"/>

**Acknowledgement**

We have received your request for E-instruction and Registration for web and phone for your demat account:

DP ID:

Client ID:

Demat A/c holder's Name \_\_\_\_\_

Received by \_\_\_\_\_

Bank Official Signature \_\_\_\_\_ Branch \_\_\_\_\_ SR No \_\_\_\_\_

Date

SDO stamp  
with Date