Application Form No. :

(For Head Office use only)

Client ID Date (DD/MM/YYYY) *(For Branch use only)* SDO Code

SDO Name

Indoc No.

Scheme Code

:								
:	D	D	M	M	Y	Y	Y	Y

:	
:	
:	
:	

Demat Account Opening Form

(For Resident Non Corporates)

Ordinary Resident Others
please specify
p
Experience convenience with ICICI Bank
e-Instructions: Transfer or pledge securities by just speaking to the Phone Banking Officer with "Speak to Transfer" or through Internet/ IVR and save costs too.
Mobile Alerts: Receive SMS alerts for all debits/credits as well as for any request which cannot be processed.
Mobile Request: Access your demat account by sending SMS to enquire about Holdings, Transactions, Bill & ISIN details.
Digitally Signed Statement: Receive your account statement and bill by email.
Corporate Benefit Tracking: Track your dividend, interest, bonus through your account statement.



ICICI Bank Ltd., DP-ID IN303028

ICICI Bank Limited, CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai - 400072.

Снеск LIST

Please tick the relevant boxes.

Signatures	Signature of (C - Client(s), N - Nominee, G - Guardian)	Page No.	Check to be made	Pleas tick
Direct Debit Mandate (only for ICICI Bank account holder(s))	C1	Pg. No. 5	Signature of ICICI Bank a/c. holder(s)	
Client's signature across the photograph	C2	Pg. No. 6	Signature of all holders	
Declaration	C3	Pg. No. 7	Signature of all holders	
(we are registering this signature in our record, hence, please be careful) Client's Signature (in case of nomination only)	C4	Pg. No. 8	Signature of all holders	
Acknowledgement between ICICI Bank and applicant(s) for Rights & Obligations.	C5	Pg. No. 14	Signature of all holders	
Letter of confirmation	C6	Pg. No. 9	Signature of all holders	
Request for receipt of SOT through Email	C7	Pg. No. 10	Signature of all holders	
Declaration for not availing nomination facility	C8	Pg. No. 7	Signature of all holders	
Schedule of charges	C9	Pg. No. 13	Signature of first holder & Signature of Demat officer	
Application for BSDA facility	C10	Pg. No. 16	Signature of all holders	
Aadhaar consent	C11	Pg. No. 22	Signature of all holders	
Nominee's signature and photograph at the specified place (in case of nomination only)	N1, N2 & N3	Pg. No. 8	Signature of Nominee	
Guardian's signature and photograph at the specified place (in case of nomination only)	G1, G2 & G3	Pg. No. 8	Signature of Guardian	
Witness of Signature	W1	Pg. No. 8	Signature of Witness	
Enclosures				
Duly verified copies of Proof of Identity of all the demat account holders*		Pg. No. 6	As per option listed inside	
Duly verified copies of Proof of Address (Permanent & Correspondence Address) of all the demat account holders*		Pg. No. 6	As per option listed inside. Address on the proof must be same as specified on Page 3	
Date of Birth proof* (in case of minor)				
Duly verified copies of MAPIN ID,		Pg. No. 3		
if the client has specified the MAPIN details*		-		
Duly verified copy of PAN Card of all the demat account holders* Cancelled copy of Cheque of non ICICI Bank account specified		Pg. No. 5		
(ECS mandate to be provided on Page 5)		Pg. No. 5		
Certified copy of Power of Attorney (POA) and Identity				
& Address proofs of POA holder (if applicable)				
Photographs (all the photographs should be pasted, do not staple)				
Photographs of all holders (even if holder is minor)		Pg. No. 6		
Photograph of Guardian (in case holder is minor)		Pg. No. 8		
Photograph of Nominee (in case of nomination only) and also his/her guardian (in case nominee is minor)		Pg. No. 8		
Photograph of POA holders (in case of POA only)				
Self attestation by the client to be obtained on all pages of photocopies of the documents.				
 Other important mandatory checks Bank Details are complete. Minors and HUF cannot open Joint A/c. with other Holders and cannot nominate. Separate cheque for each account opening form. In the schedule of charges, please ensure that the rate card chosen by the customer enclosed with necessary approval respectively. Name mentioned on all the documents and on the form (Page No. 3,4,5,6,8 £10) is I Do not mention the titles such as Mr./Mrs./Ms for individual's and suffix words such under client's signature. Avoid writing "Same as above" in the address fields. The client(s) should not use more than one specimen signature and the same should Branch official should not sign and should not affix the round stamp on the agreeme Branch official should prive 'KYC Certification' on Page No.14 The demat account opening form should be filled-in completely in all respects. Joint holders cannot be a nominee. Telephone No. and Fax No. should be mentioned with the STD codes. The client signature appearing on the proofs should tally with the signatures on the der Branch official should affix a stamp as 'PAN Verified' on all the photocopies of PAN ca PAN number to be checked on the Income Tax Department web site (http://incometa The proof of address in the name of the spouse may be accepted. ICICI Bank employee cannot act as a 'Witness' to any customer request in hi 	egible and is the same e as "& Sons" or "HUF" in c I be uniform across the f nt as authorised signate orm. nat account opening for ards. xindiaefiling.gov.in/chal	werywhere. ase of HUF a/c. In ca form. If any alteration ory for ICICI Bank Ltd m. lan/enterpanforchall	se the customer has already written the same, kindly get n in the signature the Branch manager's attestation is req	this corrected
. In case if you wish [;] to convert your existing demat acc account number.	count from Min	or to Major,	we request you to mention the exis	ting dem
DP Id Client Id				
. Checklist verified : CICI Bank personnel name		Signa	ture	

For office use only (To be filled by financial institu	Application Type* New Update ution) KYC Number (Mandatory for KYC update request) Account Type* Normal Simplified (for low risk customers) Small Minor							
	SECTION A : PERSONAL DETAILS							
INSTRUCTION : 1. Please fill	all the details in CAPITAL LETTERS only 2. Please verify with checklist on page 2. 3. Strike off whichever is not applicable.							
I/We request you to open a D	Demat Account in my / ourname as per following details : Date D D M M Y Y Y							
Sole/First Holder's Details (The name mentioned here will be trea	ated as valid & correct. No claims will be entertained later for any disputes arising out of names spelled wrongly.)							
*Full Name (Please fill in your name correctly, Name once captured cannot be changed.)	Prefix First Name Middle Name Last Name							
Maiden Name (if any)								
Name of Father								
Name of Spouse								
Name of Mother								
*Gender	Male Female Transgender Marital Status Married Unmarried Others							
*PAN								
*Gross Annual Income Details	(Please tick(✓): Below 1 Lac 1-5 Lac 5-10 Lac 10-25 Lac > 25 Lacs							
	Net-worth in ₹(* Net worth should not be older than 1 Y ear) as on (date)							
Please tick, if applicable:	Politically Ex posed Person (PEP) Related to a Politically Ex posed Person (RPEP)							
*GST Registered	Yes No (If GST Registered is selected as YES, then GSTIN is mandatory along with a copy of the GST registration certificate)							
*GSTIN								
*Status of GST	General SEZ Embassy Government Department (if the status is Embassy / Government department, then please provide : *Unique Identification Number (UIN): Image: Comparison of the status							
*Permanent Address (Mandatory)	Building / Tower / Apartment / Place / Chamber / Mansion							
(Manualory)	Street / Road / Marg / Lane / Avenue / Rasta							
	City / Town / Village District State Pin Code (Mandatory) ISO 3166 Country Code							
*Correspondence Address	State Pin Code (Mandatory) ISO 3166 Country Code Building / Tower / Apartment / Place / Chamber / Mansion							
*Correspondence Address	Street / Road / Marg / Lane / Avenue / Rasta							
	City / Town / Village District							
	State Pin Code (Mandatory) ISO 3166 Country Code							
*Address Type								
*Preferred Mailing Address	Permanent Address Correspondence Address (By default the communication / corporate benefit shall be sent to Permanent Address)							
*Citiz enship	IN-Indian Others (ISO 3166 Country Code)							
*Residential Status	Resident Individual Non Resident Indian Foreign National Person of Indian Origin							
MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID)	Place / City of Birth*							
Telephone No. (With STD Code)	Fax Number(With STD Code)							
*Mobile No.	SMS Alert Facility (If not ticked, assumed 'Yes') Yes No (Mandatory if A/C is operated by Power of Attorney)							
*Email Address	Date of Birth D D M Y Y Y							
*The email id mentioned abo *The mobile number mentio								
Please specify e-mail address if	you want to receive Account Statements and other communications by e-mail & please ensure correctness of the same.							
Other Holder Details (Joint holdi	ing is not allowed in case any holder is a minor)							
Second H older's Full Name	Prefix First Name Middle Name Last Name							
(Please fill in your name correctly, Name once captured cannot be changed.)								
Name of Father								
Name of Spouse								
Gender	Male Female Transgender Marital Status Married Unmarried Others							

* PAN																							
Address	Building	/ Tower /	Apartment	/ Place /	Chamber	/ Mansior	7																
	Street /	Road / Ma	arg / Lane	/ Avenue	/ Rasta																		
	City / To	wn / Village										Dis	strict										
	State							Pin (Code (M	landa	tory)					ISC	316	6 Co	ounti	ry Co	ode		
*Address Type	Resi	dential/l	Busines	s 🗌	Reside	ential		Busin	ess	R	egiste	red C	Office		U	nspe	cified	b					
*Preferred Mailing Address	Perr	nanent /	Address		Corres	sponde	nce Add	ress						(By de benef)	
*Citizenship	IN-Ir	ndian			Others	s (ISO 3	166 Cou	intry (Code)													
*Residential Status	Res	ident Inc	dividual		Non R	lesiden	t Indian		For	eign l	Vationa	al		Perso	n of	India	n Or	igin					
MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID)									Plac	e / Ci	ty of Bi	rth*											
Telephone No. (With STD Code)									Fax	Numl	oer (Wit	h STD (Code)										
*Mobile No.											t Facili assumed] Yes		No			tory er of			perat	ed
*Email Address									Date	e of B	rth	D	D	MM	Y	Y	Y	Y					
*The email id mentioned *The mobile number me		U	ongs to] Self] Self	<u> </u>	oouse		epende epende					enden [.] enden [.]									
Third Holder's Full Name	Pre	fix		Firs	t Name				Mi	ddle I	Name						La	st N	ame				
(Please fill in your name correctly, Name once captured cannot be change	:d.)																						
Name of Father																							
Name of Spouse																							
Gender	🗌 Mal	e 🗌	Femal	e 🗌] Trans	gender			Mari	tal Sta	itus	N	/larrie	ed 🗌] Un	marr	ied		Oth	iers			
* PAN																							
Address	Building	/ Tower /	Apartment	Place	Chamber	/ Mansior	1																
		Road / Ma	arg / Lane	/ Avenue	/ Rasta								strict										
	City / To	init, initige													_	7 .0							=
	State				1				Code (ľ	_	,,						0 31		Coun	try C	Code		
*Address Type		dential/B] Reside			usine		_	atory) g ister			(By def	_	Ispec	ified						
*Address Type *Preferred Mailing Address *Citizenship		dential/B nanent A] Corres	ponder	B nce Addr 166 Cour	usine [.] ess	ss	_	,,			(By def benefit	ault t	ispec	ified	nicati	on / c	orpor	ate		
*Preferred Mailing Address	State	dential/B nanent A	ddress] Corres] Others	ponder (ISO 3	nce Addr	usine [.] ess	ss ode	Re	,,	ed Of	ffice		ault 1 shall	ispec the coll be se	rified mmur ent to	nicati Perm	on / c	orpor	ate	·	
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional)	State	dential/B nanent A dian	ddress] Corres] Others	ponder (ISO 3	nce Addr 166 Cour	usine [.] ess	ss ode For	Re Re) eign M	g ister	ed Ot	ffice	benefit	ault 1 shall	ispec the coll be se	rified mmur ent to	nicati Perm	on / c	orpor	ate		
*Preferred Mailing Address *Citizenship *Residential Status	State	dential/B nanent A dian	ddress] Corres] Others	ponder (ISO 3	nce Addr 166 Cour	usine [.] ess	ode For Place	Re Re) eign N e / Cit	g ister	ed Of	ffice	benefit	ault 1 shall	ispec the coll be se	rified mmur ent to	nicati Perm	on / c	orpor	ate		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID)	State	dential/B nanent A dian	ddress] Corres] Others	ponder (ISO 3	nce Addr 166 Cour	usine [.] ess	ss ode Place Fax I SMS	Re Re) eign N e / Cit Numb	g ister lationa y of Bir	ed Of Il th*[ffice	benefit	of I	ispec the coll be se	n Ori	gin	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code)	State	dential/B nanent A dian	ddress] Corres] Others	ponder (ISO 3	nce Addr 166 Cour	usine [.] ess	ode Place Fax I SMS (frot	Re Re) eign N e / Cit Numb	g ister Jationa y of Bir er (With Facilit	ed Of Il th*[ffice	Persor	of I	ndiai	n Ori	gin	on / co	orpor t Add	ress));d
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No.	State Resid Perm IN-In Resid	dential/B nanent A dian dent Ind	ddress] Corres] Others	ponder (ISO 3	166 Cour Indian	usine ress ntry C	ode Place Fax I SMS (frot	Re eign N e / Cit Numb Alert ticked, a of Bin	g ister Vationa y of Bir er (With Facilit issumed	eed Of Il stD cc Y Yes')		Persor Ves	i of l	spec	n Ori	gin	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment	State	dential/E hanent A dian dent Ind gs to e belon	ividual		Corres Others Non R	ponder (ISO 3 esident	Ince Addr 166 Court Indian	usine ress ntry C	ode For- Fax I SMS (f not Date penden	Ree) eign N e / Citi vumb v Alert ticked, i of Bill t Pare	g ister Vationa y of Bir Facilit ssumed th ent [ent [ed Of Il th* [y Yes') D D D		Persor Yes M M	i of I	ndiar	n Ori	gin	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a	State	dential/E hanent A dian dent Ind gs to e belon	ividual		Corres Others Non R	ponder (ISO 3 esident	Ince Addr 166 Court Indian	usine ress ntry C	ss ode For Place Fax f SMS (frot Date penden	Ree) eign N e / Citi vumb v Alert ticked, i of Bill t Pare	g ister Vationa y of Bir Facilit ssumed th ent [ent [ed Of Il th* [y Yes') D D D		Persor Yes M M	i of I	ndiar	n Ori	gin	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment	State	dential/E hanent A dian dent Ind gs to e belon	ividual		Corres Others Non R	ponder (ISO 3 esident	Ince Addr 166 Court Indian	usine ress ntry C	ode For- Place Fax I SMS (f not Date penden	Ree)))) eign N Numbb Alertt ticked, <i>i</i> total t Pare ardian	g ister Vationa y of Bir Facilit ssumed th ent [ent [Led Of I th* [STD CA Y Yes') D D D D D J D J D		Persor Yes M M	i of I	ndiar	n Ori	gin	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment Guardian Details (Please fill in	State	dential/E hanent A dian dent Ind gs to e belon	ividual		Corres Others Non R Self Self [ponder (ISO 3 esident	Ince Addr 166 Court Indian	usine ress ntry C	ode For- Place Fax I SMS (f not Date penden	Ree)))) eign N Numbb Alertt ticked, <i>i</i> total t Pare ardian	g ister Jationa y of Bir Facilit Facilit ssumed th ent [(If avai	Led Of I th* [STD CA Y Yes') D D D D D J D J D		Ves M M M ndent	i of I	ndiar	n Ori	gin	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment Guardian Details (Please fill in Guardian Name	State	dential/E hanent A dian dent Ind gs to e belon	ividual		Corres Others Non R Self Self [ponder (ISO 3 esident	Ince Addr 166 Court Indian	usine ress ntry C	ode For- Place Fax I SMS (f not Date penden	Ree)) eign N Numb Alert t Para of Bir t Para ardian Mi	g istern Vationa y of Bir er (With Facilit rssumed "th ent [(If avai ddle N	ed Of Il stp cc y y y y D D D D ame	ffice	Ves M M M ndent	ault t shall	ndiar	n Ori	gin	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The email id mentioned a *The mobile number ment Guardian Details (Please fill in Guardian Name	State	dential/E hanent A dian dent Ind gs to e belon	ividual		Corres Others Non R Self Self [ponder (ISO 3 esident	Ince Addr 166 Court Indian	usine ress ntry C	ode For- Place Fax I SMS (f not Date penden	Ree)) eign N Numb Alert t Para of Bir t Para ardian Mi	g istern Vationa y of Bir er (With Facilit rssumed "th ent [(If avai ddle N	ed Of Il stp cc y y y y D D D D ame	ffice	Persor Yes M M Indent (Indent (Indent (Indent (ault t shall	Indian Indian Indian No Indian No Indian Ind	ified mmurnt to n Ori (Ma by F Y 1	gin gin ndat Perm	on / co anent	orpor t Add	ress)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment Guardian Details (Please fill in Guardian Name Relationship (If any) Email Address Address For Association of person (Address)	State	dential/E hanent A dian dent Ind gs to e belon <i>Hoder is</i> ship firm	ividual igs to a minor) in, Unreg		Corres Others Others Non R Self Self Self Trust,	ponder (ISO 3 esident	hough th	Usine ess htry C	ss ode Place Fax I SMS (frot Date benden benden r of Gua	Reign N eign N Alert ticked, <i>i</i> of Bill t Parce ardian Mi Tel open	g ister Jationa y of Bir er (With Facilit Facilit th ent [(If avai ddle N ephone ed in t	ed Of Ith* [<i>STD C.</i> <i>Y</i> Yes') D D D <i>D</i> <i>J</i> D <i>J</i>	ffice	Persor Persor Yes M M ndent (ndent (P/ STD Code) Pin C	ault t shall	Indian Indian Indian No Indian No Indian Ind	ified mmurnt to n Ori (Ma by F Y 1	gin gin ndat Powe	on / cc anent	orporport Add	is o ney)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment Guardian Details (Please fill in Guardian Name Relationship (If any) Email Address Address	State	dential/E hanent A dian dent Ind gs to e belon <i>Hoder is</i> ship firm	ividual igs to a minor) in, Unreg		Corres Others Others Non R Self Self Self Trust,	ponder (ISO 3 esident	hough th	Usine ess htry C	ss ode Place Fax I SMS (frot Date benden benden r of Gua	Reign N eign N Alert ticked, <i>i</i> of Bill t Parce ardian Mi Tel open	g ister Jationa y of Bir er (With Facilit Facilit th ent [(If avai ddle N ephone ed in t	ed Of Il stp ca y Yes') D D D D D D Abble) ame e No.	ffice	Persor Persor Yes M M ndent (ndent (P/ STD Code) Pin C	ault t shall	Indian Indian Indian No Indian No Indian Ind	ified mmurnt to n Ori (Ma by F Y 1	gin gin ndat Powe	on / cc anent	orporport Add	is o ney)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The email id mentioned a *The mobile number ment Guardian Details (Please fill in Guardian Name Relationship (If any) Email Address Address For Association of person (Address)	State	dential/E hanent A dian dent Ind gs to e belon <i>Hoder is</i> ship firm	ividual igs to a minor) in, Unreg		Corres Others Others Non R Self Self Self Trust,	ponder (ISO 3 esident	hough th	Usine ess htry C	ss ode Place Fax I SMS (frot Date benden benden r of Gua	Reign N eign N Alert ticked, <i>i</i> of Bill t Parce ardian Mi Tel open	g ister Jationa y of Bir er (With Facilit ssumed th ent [(If avai ddle N character ddle N ephone ed in t	ed Of Il stp ca y Yes') D D D D D D Abble) ame e No.	ffice	Persor Persor Yes M M ndent (ndent (P/ STD Code) Pin C	ault t shall	Indian Indian Indian No Indian No Indian Ind	ified mmurnt to n Ori (Ma by F Y 1	gin gin ndat Powe	on / cc anent	orporport Add	is o ney)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment Guardian Details (Please fill in Guardian Name Relationship (If any) Email Address Address Address Name	State	dential/E hanent A dian dent Ind gs to e belon <i>Hoder is</i> ship firm	ividual igs to a minor) in, Unreg		Corres Others Others Non R Self Self Self Trust,	ponder (ISO 3 esident	hough th	Usine ess htry C	ss ode Place Fax I SMS (frot Date benden benden r of Gua	Reign N eign N Alert ticked, <i>i</i> of Bill t Parce ardian Mi Tel open	g ister Jationa y of Bir er (With Facilit ssumed th ent [(If avai ddle N character ddle N ephone ed in t	ed Of Il stp ca y Yes') D D D D D D Abble) ame e No.	ffice	Persor Persor Yes M M ndent (ndent (P/ STD Code) Pin C	ault t shall	Indian Indian Indian No Indian No Indian Ind	ified mmurnt to n Ori (Ma by F Y 1	gin gin ndat Powe	on / cc anent	orporport Add	is o ney)		
*Preferred Mailing Address *Citizenship *Residential Status MAPIN ID (Optional) (Please provide a photocopy of MAPIN ID) Telephone No. (With STD Code) *Mobile No. *Email Address *The email id mentioned a *The mobile number ment Guardian Details (Please fill in Guardian Details (Please fill in Email Address Relationship (If any) Email Address Address For Association of person (Adores) Name In case of foreign Nationals	State	dential/E hanent A dian dent Ind gs to e belon <i>Hoder is</i> ship firm	ividual igs to a minor) in, Unreg		Corres Others Others Non R Self Self Self Trust,	ponder (ISO 3 esident	hough th	Usine ess htry C	ss ode Place Fax I SMS (frot Date benden benden r of Gua	Reign N eign N Alert ticked, <i>i</i> of Bill t Parce ardian Mi Tel open	g ister Jationa y of Bir er (With Facilit ssumed th ent [(If avai ddle N character ddle N ephone ed in t	ed Of Il stp ca y Yes') D D D D D D Abble) ame e No.	ffice	Persor Persor Yes M M ndent (ndent (P/ STD Code) Pin C	ault t shall	Indian Indian Indian No Indian No Indian Ind	ified mmurnt to n Ori (Ma by F Y 1	gin gin ndat Powe	on / cc anent	orporport Add	is o ney)		

Details of Account ho	older(s):																														
Account holder(s)		S	Sole/ F	irst l	lolde	r						Sec	cond	Hold	der						Third Holder										
Name																															
Occupation (please tick any one and give brief details)	S-Service (Private Sector Public Sector Government Sector) O-Others (Professional Housewife Self Employed Student Retired B-Business						1	 S-Service Private Sector Public Sector Government Sector) O-Others Professional Housewife Self Employed Student Retired Agriculturist) B-Business 								S-Service (Private Sector Public Sector Government Sector) O-Others (Professional Self Employed Student Retired B-Business															
Brief details:			tegoris								<-Not	Gatt	sgona	seu						-		7-110			goris	<u></u>					
ITCircle/Ward/ District No																															
Standing Instruction	s																														
I/We authorise you to * If not ticked it will be assum			autor	matio	ally ir	nto	my/our	acco	ount	:*.] Ye	3		_ N	0	_		_		
 Electronic Clearing It is mandatory to pro The bank account widetails to avoid error For Debit of Demat c 	ovide com II be used s while do	nplete I for di oing th	details isbursi he sam	s requ ing di ne.	uired b videno	oelo ds /	w. In ab interest	sence	e of	com	plete	deta	ils, th	e fori	m r	may k	oe re	eject	ed.										corre	ect	
1. Name(s) of Bank	Account	(Hold	ler(s)																												
2. Account Type									Savings Account Current Account Others (Please Specify)																						
3. Ledger No./Ledge	er Folio N	lo. (if	applic	cable	3)																										
4. Account Number																															
5. Particulars of Ban	k Accoui	nt					Name Branch																								
6. Branch Address									Buildi	ing / 1	ower /	Apart	ment /	Palace	e / C	Chambe	er / A	lansio	n												_
											ad / Ma	rg / L	ane / A	venue	/ Ri	asta															-
			Ctata						4 <i>rea</i>											P	n Co	de (N					\equiv	=	_		
City 7. 9-Digit Code Num Appearing on the MICF appearing at the botton	R Cheque is	ssued b	by the B	Bank ("	The sec	cond	number		Count	try]
8. IFSC																															
(Please attach a cancelled	d cheque	carryi	ng abo	ove m	entior	ned	bank de	tails.	Clie	ents i	nenti	oning	g ICIC	l Ban	ık A	Accou	int c	etai	s in	poir	t no	4 & 5	nee	ed n	not at	tach	a cai	ncelle	ed cł	neque	e.)
Bank Account details	for Debi	it of [)emat	t cha	rges:																		-	-							٦
ICICI Bank Account no														Acco	our	nt Ty	pe_														
To, ICICI Bank Ltd. (Applicable I/We hereby also authorise the me/us and shall in no any way in the Said Account(s) due to t The Bank shall not be obliged plus the interest within 15 days	Bank to de impair the he debiting to provide d	bit all c right of of Serv	charges f the Bar vices Ch aft facilit	in resp nk to c narges ty on t	pect of debit th he Said	the [e Se	Demat Ac rvice Cha	count rges. I	l/We	herel	oy furth	ner au	uthoris	e the l	Ban	k to ch	narge	e inte	rest,	at the	prev	ailing o	comr	merc	cial ra	te, on	over	drawn	n bala	nce	

I/We also authorise the Bank to arrange to excercise a lien over the dematerialised shares till the dues are remitted in full by me/us. Banker's Lien and Set-Off: ICICI Bank shall have the paramount right of set-off and lien, irrespective of any other lien or charge, present as well as future, on all the deposits held/ balances lying in any Account of the Customer, whether in single name or joint name(s), to the extent of all amounts payable by the Customer arising as a result of any of ICICI Bank's services extended to and/or used by the Customer or as a result of any other facilities that may be granted by ICICI Bank to the Customer. ICICI Bank is entitled without any notice to the Customer to settle any indebtedness whatsoever owed by the Customer to ICICI Bank is entitled by ICICI Bank to the Customer. ICICI Bank is entitled without any notice to the Customer to settle any indebtedness whatsoever owed by the Customer to ICICI Bank is entitled by ICICI Bank to the Customer. ICICI Bank is entitled without any notice to the Customer to settle any indebtedness whatsoever owed by the Customer to ICICI Bank is entitled by ICICI Bank to the Customer is a result of any other facilities that may be granted by ICICI Bank to the Customer to settle any indebtedness whatsoever owed by the Customer to ICICI Bank is entitled without any notice to the Customer to settle any indebtedness whatsoever owed by the Customer to settle any indebtedness whatsoever owed by the Customer to settle any indebtedness whatsoever is a set and the indepted ICICI Bank, whether actual or contingent, or whether primary or collateral, or whether joint and/or several, including without limitation indebtedness under any indemnity given by the Customer to ICICI Bank hereunder or under any other document/ agreement, by adjusting, setting-off any deposit(s) and transferring monies lying to the balance of any Account(s) held by the Customer with ICICI Bank, notwithstanding that the deposit(s)/ balances lying in such Account(s) may not be expressed in the same currency as such indebtedness. ICICI Bank's rights hereunder shall not be affected by the Customer's bankruptcy,insolvency, death or winding-up.

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 here by agree to discharge the responsibility expected of me as a participant under the scheme.

Date:

 $(\widehat{C}_{1})_{\underline{X}}$

Signature of Sole/First Bank Account Holder

Signature of Second Bank Account Holder

Х

Х

Signature of Third Bank Account Holder

ankers Verification for Standing Instructions (Required only in case	bank account mentioned is not IC	ICI Bank account)
tanding instructions accepted by us and the Bank A/C No. & signature	e of a/c holder has been verified.	
lame of Authorised Signatory of Bank :		
Date :	Signat	ure of Authorised Signatory of Bank with Bank Se
lote: As per SEBI, ECS Mandate is mandatory for receiving refunds	for public issues.	
account to be operated through Power of Attorney (POA)		
Yes No (If Yes provide true certified copy	along with photo signed accross by POA	Holder)
hotograph of all holders [Please provide documentary proof of identity &	address for all holders-options listed un	der documentary proof below.]
Sole/First Holder	Second Holder	Third Holder
Processing and the second seco	A second se	and the second se
Strangeline	and a second	and the second sec
(C)		
X Sign across the photograph X Sign	n across the photograph	X Sign across the photograph
case of minor applicant photographs of Guardian and Minor.		
Documentary Proof (Tick / below) (Should be verified with the original b		
As per NSDL rules & regulations, all account holders need to provide proof of ac If the customer submits an Aadhaar card as POI or POA, the first 8 digit		
Proof of Identity	Proof of Address	
1. Passport No & Passport Expiry Date	1. Passport No & Passpor	rt Expiry Date
2. Voter ID Card	2. Voter ID Card	
		Driving license expiry date
3. Driving License No & Driving license expiry date	4. Bank Statement/Pass I	book with multiple pages having latest entry
4. PAN card with photograph (Mandatory)	details. (not more than	two months old)
5. Unique identification number (UID-AADHAR)	5. Bank Letter	
6. NREGA Job Card	6. Unique identification r 7. NREGA Job Card	umber (UID-AADHAR)
7. Credit cards/Debit cards issued by Banks with applicant's photo	8. Verified copy of	
8. Employee Identity card with applicant's Photo, issued by-		re than two months old)
Central/State Government and its Departments with Identification		sill (not more than two months old)
Statutory/Regulatory Authorities	Gas bill (not more that	
Professional Bodies such as ICAI, ICWAI, ICSI & Bar Council	9. Self-declaration by Hig	gh Court & Supreme Court judges, giving the
Scheduled Commercial Banks	10. Document with address, is	t of their own accounts
Public Financial Institutions	Carl Carl Contractor and	nent and its Departments
	Statutory/Regulatory A	
Public Sector Undertakings	Public Sector Undertai	
9. Identity card/document with applicant's photo, issued by-	Scheduled Commercia	14
Scheduled Commercial Banks	Public Financial Institu	10 PRESSET.
Professional Bodies such as ICAI, ICWAI, ICSI & Bar Council	Professional Bodies su	ich as ICAI, ICWAI, ICSI & Bar Council
Colleges affiliated to Universities	Colleges affiliated to U	
	11. Flat maintenance bill	
	12. Insurance copy	

Declaration

I/We declare that all the particulars and information given in the application are true, correct, complete and upto date in all respects and I/We have not withheld any information. I/We agree and confirm that I/we have read the terms and conditions of the account facility, and the terms and conditions pertaining to usage of channels for access of the said account facility as put up on www.lcicibank.and am/are aware of and will adhere to all the terms/conditions of opening/maintaining of the said account and usage of the channels with/by ICICI Bank Ltd as may be in force from time to time. I/We further declare that the rules and regulations of the Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to able by on to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document. "Rights and Obligations of the Beneficial Companies/ Agents reserve the right to reject any application without providing any reason. I/We further declare and confirm that the credit facilities, if any, enjoyed by me/us with other banks has been disclosed here in above.

We authorize ICICI Bank Ltd./its Group Companies or their agents to make references and enquiries in respect of the information required by the application form which ICICI Bank Ltd/ its Group Companies Agents consider necessary. I/We undertake to inform ICICI Bank Ltd./ Group Companies/ Agents regarding change in my/our residence / employment and to provide any further information that ICICI Bank Ltd./ Group Companies/ Agents may require.

/We authorize ICICI Bank Ltd/ its Group Companies and their agents to exchange, share or part with all the information relating to my/our application and transaction information to other ICICI Group Companies/ Banks/ Financial Institutions/ Credit Bureaus/ Statutory Bodies and shall not hold ICICI Bank Ltd/ its Group companies and their agents or other persons to whom such information is disclosed liable for the disclosure or use of such information.

We the joint applicants hereby confirm that we have instructed and authorised 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 authorisation, 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 aforestated shall hold good.

I bereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.

I/We hereby declare that above given information of GSTIN with respect to the number and billing address is correct and Bank can update the same in its records. 1/ We hereby declare that the information provided can be used by ICICI Bank for the purposes of charging GST and reporting of transactions on the GSTN portal and for other related aspects in relation to reporting as stated under GST Act and applicable rules in this regard.

Date				

Place:

	Name(s) of holder(s) (Please ensure that spelling is same as that on page 3)	Signature(s)
Sole/First Holder (Signature of guardian in case of minor)		X
Second Holder		×
Third Holder		×

2. Thurb impression and signatures other than English or Hindler only. 3. Strike off whichever is not applicable. 5. Strike off whichever is not applicable.

Channel registration for web / phone

I would like to avail of Internet Banking channel and Phone Banking channel for this Demat Account.

First Applicant's Mother's Maiden name is (Mandatary) *

Existing ICICI Internet Banking Customer User Id, if any

* Please remember this name. You may be required to give this to authenticate yourself when you call up our call centre

INSTRUCTIONS/CHECK LIST FOR FILLING KYC FORM (FOR OFFICE USE ONLY)

IMPORTANT POINTS:

- 1. Self attested copy of PAN card is mandatory for all clients, including Promoters/Partners/Trustees and whole time directors and persons authorized to deal in securities on behalf of company/firm/others.
- Copies of ail the documents submitted by the applicant should be self-attested and accompanied by originals for verification. In case the original of any
 document is not produced for verification, then the copies should be property attested by entities authorized for attesting the documents, as per the below
 mentioned list.
- 3. If any proof of identity or address is in a foreign language, then translation into English is required.
- 4. Name Et address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
- 5. If correspondence & permanent address are different, then proofs for both have to be submitted.
- 6. Sole proprietor must make the application in his individual name & capacity.
- 7. For Ron-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines}, copy of passport/P10 Card/OCI Card and overseas address proof is mandatory.
- 8. For foreign entities, CIN is optional; and in the absence of DIN no. for the directors, their passport copy should be given.
- 9. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
- For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board/Passport of Minor/Birth Certificate must be provided.
- Politically Exposed Persons (PEP) are defined as Individuals who are or have been entrusted with prominent public functions in a foreign country, e.g., Heads
 of States or of Governments, senior politicians, senior Gavernment/judiciall military officers, senior executives of state owned corporations, important political
 party officials, etc.
- 12. For account of a minor two KYC Application Forms must be filled i.e. one for the guardian and another for the minor (to be signed by guardian)
- Exemptions/clarifications to PAN (*Sufficient documentary evidence in support of such claims to be collected)
- 1. In case of transactions undertaken on behalf of Central Government and/or State Government and by officials appointed by Courts e.g. Official liquidator, Court receiver etc.
- 2. Investors residing in the state of Sikkim.
- 3. UN entities/multilateral agencies exempt from paying taxestfiiingtax returns in India.
- 4. In case of institutional clients, namely, Flls, fV1Fs, VCFs, FVCIs, Scheduled Commercial Banks. Multilateral and Bilateral Development Financial Institutions, State Industrial Development Corporations, Insurance Companies registered with IRDA and Pubic Financial Institution as defined under section 4A of the Companies Act, 1956, Custodians shall verify the PAN card details with the original PAN card and provide duly certified copies of such verified PAN details to the intermediary.

ATTESTATION / FOR OFFICE USE ONLY

Documents Receive	d Certified Copies	
KY	C VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date		Name
Emp. Name		Code
Emp. Code		
Emp. Designation Emp. Branch		
Emp. Branch		
		[Institution Stamp]

DECLARATION FOR NOT AVAILING NOMINATION FACILITY

This declaration needs to be signed by those customers who do not wish to nominate anyone. This document is mandatory as per SEBI circular No. SEBI/HO/MIRSD/RTAMB/CIR/P/2021/601 dated July 23, 2021 on Mandatory Nomination for Eligible Demat Accounts.

I/ We hereby confirm that I / We do not wish to appoint any nominee(s) in my/ our demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the demat account

Request you to kindly process my/our account opening form without the nomination facility.

C)×		X	×
<u> </u>	Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder
		Signature of Witness for Nomination	
	Name of the Witness	Address	Signature of witness
			Date D D M M Y Y Y Y

SECTION B: NOMINATION DETAILS

	wish to make a nomination and do here r account in the event of my / our death		e the following person(s) who shall rec	eive all securities held	in the Depos	sitory by me / us in the said beneficiary					
No	pmination can be made upto three minees in the account.	•	Details of 1st Nominee	Details of 2nd	Nominee	Details of 3rd Nominee					
1.	Name of the nominee(s) (Mr./Ms.)										
2.	Share of each Equally	1	%	%	%						
	Nominee [If not equally, please percentage]	specify	Any odd lot after division shall be tra	minee ment	nee mentioned in the form.						
3.	Relationship With the Applicant (If A	Any)									
4.	Address of Nominee(s)										
	F	PIN Code									
5.	Mobile/Telephone No. of nominee(s)									
6.	Email ID of nominee(s)										
7.	Nominee Identification details – [Please tick any one of following and details of same]										
	Photograph & Signature PAN										
	Saving Bank account no. Proof	of Identity									
-	*Note - Copy of Proof of Identity is required of the second se	only If 'Proof c	f Identity" option is selected above. For other	r options proof is not requi	red. If option o	of Aadhaar is selected, then only					
<u> </u>	the last 4 digits is to be mentioned. Nominee Signature										
	lominee Signature is mandatory only if Photo lominee is submitted.	graph of									
Sr.	Nos. 8-14 should be filled only if nom	inee(s) is a	minor:								
8.	Date of Birth {in case of minor nomi	nee(s)}									
9.	Name of Guardian (Mr./Ms.) {in case nominee(s) }	e of minor									
10.	Address of Guardian(s)										
	F	IN Code									
11.	Mobile/Telephone no. of Guardian										
12.	Email ID of Guardian										
13.	Relationship of Guardian with nomir	nee									
14.	Guardian Identification details – [Please tick any one of following and details of same	l provide									
	□ Photograph & Signature □ PAN □ □ Saving Bank account no. □ Proof □ Demat Account ID										
<u> </u>		only If 'Proof	f of Identity" option is selected above. For oth	er options proof is not rea	uired. If option	of Aadhaar is selected, then only					
	the last 4 digits is to be mentioned.					i er, aander is solootod, mon omy					
	Guardian Signature ardian Signature is mandatory only if Photogr minee is submitted.	aph of									
			Name(s) of holder(s)		Signature(s) of holder						
So	le/ First Holder (Mr./Ms.)										
Se	cond Holder (Mr./Ms.)										
Thi	ird Holder (Mr./Ms.)										

* Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature.

Signature of Witness for Nomination Name of the Witness Address Signature of witness Date Note-

1. This nomination shall supersede any prior nomination made by the account holder(s), if any.

If the account is held jointly, all joint holders will sign the nomination form.
 A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner.

- 4. Only individual/natural person(s) can be a nominee(s). The Nominee(s) shall not be artificial person created/dressed by the law or by a fiction such as trust, society, body corporate, partnership firm, Hindu Undivided Family and Power of Attorney., etc. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time.
- 5. Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities.

6. Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir.

7. Nomination can be made up to three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total up to hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/ share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees. 8. On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees.

8

9. Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D.

Savings bank account details shall only be considered if the account is maintained with the same depository participant.
 DP ID and Client ID shall be provided where demat details is required to be provided. (refer point no.7 - Nominee Identification details)

12. ICICI Bank employee cannot act as a "WITNESS" to any customer request in his/her capacity as a Bank employee.

SECTION C: LETTER OF CONFIRMATION

ICICI Bank Limited

Sub: Opening of an Account for holding Dematerialised Securities

I/We refer to my/our application for opening of a dematerialised securities account ("DP account") with ICICI Bank Limited (hereinafter called "ICICI Bank")

We hereby agree and confirm that:

- 1.ICICI Bank as Depository Participant(DP) will not be liable to us for any action taken or authorised to be taken under the Rights & Obligations of Beneficial Owner and Depository Participant prescribed by SEBI & Depositories for any claim, loss, damages or expenses arising in connection with any such action or omission exceptin so faras the same results from bad faith, will ful default or negligence on the part of ICICI Bank.
- 2. ICICI Bank as DP will not be liable or responsible for the loss or damages arising on account of any natural calamities or on account of malicious damages caused on account of any strike, civil commotion, riots, war, war like events or circumstances beyond the control of ICICI Bank.
- 3. ICICI Bank as DP, will not be responsible for the title, validity or genuineness of any securities which have been dematerialised and notified subsequently by the Regist rars of any defects initstitle/validity which has resulted in are duction of the dematerialised holdings of the client and the consequences thereon.
- 4. I/We here by agree to hold ICICI Bank harmless against all actions, proceedings, claims and demands, cost and expenses incidental there to which may be brought against, suffered or incurred by ICICI Bank as Depository Participant by reason of all acts done by it pursuant to the provisions of the Rights & Obligations of Beneficial Owner and Depository Participant prescribed by SEBI & Depositories including any action or omission under taken in compliance with any instructions received by ICICI Bank which ICICI Bank believes in good faith to have been given by me/us and make good the losses incurred by ICICI Bank on all legal, professional and other expenses incurred by ICICI Bank.
- 5. I/We undertake to send ICICI Bank instructions relating to the transfer of securities latest by 4p.m.on business day(excluding Saturday, Sunday and bank holidays) prior to the execution date indicated by me/us in the debit instruction. We note that the instructions received by ICICI Bank after this, will be carried out and updated only on "Best Effort" basis. ICICI Bank is not liable for any losses and arising out of TIFDs accepted on the "Best Effort" basis.
- 6. ICICI Bank will not be responsible for any failure as a result of non receipt or receipt of incomplete/erroneous instructions though received within the stipulated time.
- 7. All instructions will be signed by me/us or by an authorised person on my/our behalf whose signature has been lodged with ICICI Bank along with relevant documents as required by ICICI Bank. I/We shall inform ICICI Bank about the changes in the list of authorised persons and their specimen signatures from time to time.
- 8. I/We am/are agreeable to pay the fees for the services rendered by ICICI Bankas per Section E/tariff sheets igned by me. I/We hereby authorise and instruct ICICI Bank to debit the bank account to be notified by me/us for the fees and other charges and undertake to ensure that adequate balance saremadea vailable in the bank account. I/We further confirm that, these curities held in my/our DP account are subject to alien/right of set off in favour of ICICI Bank for the claims of monies payable to ICICI Bank
- 9. I/We here by agree, confirm and understand that ICICI Bank reserves the right to revise the terms and conditions or rules and procedures pertaining to the DP account and that such revised terms and conditions shall then be binding on me/us.
- 10. The particulars given and declarations made by me/us in the account opening form, other declarations and in this letter are true as on the date here of and any changes will be informed to you immediately. I/We further confirm that ICICI Bank is not liable and responsible for any in correct information given to ICICI Bank nor for any false declaration furnished to ICICI Bank and the consequential effects thereon.
- 11.I/We have read and understood the rules and regulations pertaining to the Depository and Depository Participants in connection with opening and operating of DP accounts.
- 12.I/We authorise ICICI Bank to issue/re-issue a TIFD booklet through Post or Courier or as per your standard practice. The Courier charges will be debited in my/our account.

In confirmation of the above,

13. (a) I/We hereby authorise ICICI Bank, to claim from my/our bank account mentioned under "Electronic Clearing Service(DebitClearing) Mandate/ Direct Debit Mandate and Bank details for receiving dividend/interest", the charges in respect of the Demat Account.

I/We further confirm that :

i) I/We am/are agreeable to participate in Electronic Clearing Services (Debit Clearing) of RBI and enclose the Mandate Form.

ii)There levant Bank has been authorised to debitmy/our designated bank account with charges relating to my demat account with ICICI Bank and remit the proceeds to ICICI Bank in the manner adviced by ICICI Bank from time to time. ICICI Bank may forward a copy of the authorisation to the relevant Bank.

b) I/We hereby undertake not to revoke the standing instruction given to my relevant Bank with regard to my designated bank account for the above without the written approval from ICICI Bank or after complying with clause 'd' below

c) We will ensure that sufficient balance will be maintained in the said bank account for meeting the dues.

d) I/We will provide fresh authorisation/instruction for claiming ICICI Bank dues from the new bank account in the event of our closing this designated bank account. I/We will provide fresh authorisation to ICICI Bank at least one month prior to our closing the account.

- 14. I/We have agreed to ICICI Bank for accepting any facsimile(fax) instructions, I/We confirm that ICICI Bank as DP shall not be liable for any losses or damages which I/We may suffer as a consequence of ICICI Bank as DP acting in accordance with or in reliance upon, any fax instructions. I/We hereby agree that I/We shall indemnify the DP and keep ICICI Bank as DP indemnified and saved harmless, at all times against any claims, losses, damages, in connection with or arising out of or in relation to any fax submission.
- 15. I/We further confirm that the above confirmation are in addition to those confirmation given by me/us in the account opening form by me/us for opening the DP account.
- 16.I/We have been provided with the Rights and Obligations document prescribed by SEBI and hereby confirm thatI have read, understood and agree to abide by the terms of the said Rights and Obligation document and understand that the Rights and Obligations document is legally binding on me/us.
- 17. I/we understand that this letter of confirmation is subject to the Government notification, any rules, regulations, guidelines and circulars/notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository that may be in force from time to time.
- 18. We understand and acknowledge that ICICI Bank Limited ("ICICIBank") and its subsidiaries and Affiliates (collectively referred to as"Group companies") are engaged, inter alia, in providing banking services, asset/port folio management, insurance, custodial and depository participant services, securities trading, securities brokerage, as well as providing investment banking (including merchant banking and banker to an issue), and financial advisory services etc. Further, we also acknowledge that ICICI Bank and its Group companies are engaged in distribution of third party products including products of Group companies, and may hold proprietary positions in various products, subscribe on own accounting issues/offers and avail on their own account various services offered by ICICI Bank and its Group companies under different capacities. ICICI Bank shall ensure fair, unbiased and objective treatment of all its clients and observe high standards of integrity in the conduct of their business in any situation of conflict of interest, whether potential/possible or actual. In furtherance of the same we here by confirm that ICICI Bank shall, at all times, comply with provisions of applicable laws, and such other rules, regulations, policies, guidelines as may be prescribed by the Securities and Exchange Board of India or such other regulatory or statutory authority from time to time. ICICI Bank has in place appropriate processes, controls and code of conduct for it's personnel governing fair practice and conflict of interest

Signature of Sole/First Holder

Signature of Second Holder

Х

MUMBAI. Dear Sirs,

REQUEST FOR RECEIPT OF STATEMENT OF TRANSACTIONS

I wish to receive Statement of Transaction through E-mail / Electronic form

I wish to receive Statement of Transaction through Physical form

E-mail address:

Terms & Conditions

1. Definitions: In this document the following words and phrases shall have the meanings as set below unless the context indicates otherwise:

"Account(s)" or " Accounts" or " Account" refers to the Client's depository account(s) maintained with ICICI Bank.

"Client(s)" means refers to a customer of ICICI Bank maintaining a depository account with ICICI Bank and availing of the Services (herein below defined). "Website " refers to the website owned, established and maintained by ICICI Bank located at the URL www.icicibank.com.

- 2. The Client may subscribe/request for receiving the transaction statements of the Ac count with ICICI Bank through electronic medium such as e-mail or website (here in after referred to as the "Services"). These Terms and Conditions (hereinafter referred to as the "Terms") form the contract between the Client and ICICI Bank for availing the said Services. The Client shall apply to ICICI Bank in the prescribed form for use of the said Services. By applying for or availing of the said Services, the Client acknowl edges, accepts and agrees to these Terms.
- ICICI Bank shall endeavour to provide to the Client, through electronic medium such as e-mail or website the transaction statements pertaining to the Client's account. The electronic delivery may be in the form of an electronic mail or an attachment to the electronic mail or in any other form as decided by ICICI Bank and intimated to the Client.
- 4. ICICI Bank would be deemed to have fulfilled its legal obligations to deliver to the Client the transaction statements if such transaction statements are sent through electronic means at the email address provided by the Client to ICICI Bank. Failure on the part of the Client to advise ICICI Bank of any difficulty in opening any transaction statement so delivered within twenty-four (24) hours after delivery by ICICI Bank shall serve as an affirmation regarding the acceptance of such transaction statement.
- 5. The Client agrees not to receive transaction statements in a physical form from ICICI Bank once the Client has agreed to avail such Services. However, notwithstanding the above, the Clent will receive the annual transaction statement in physical form. In the event ICICI Bank is unable to provide transaction statements through an electronic medium due to any unforeseen problems and/or temporary technological lapses/ failure, ICICI Bank shall ensure that the transaction statement reaches the Client in physical form as per the time schedule stipulated in the Bye Laws & Business Rules of Regulator In case of BSDA, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.
- In the event the Client selects to avail the Services, the Client shall immediately inform ICICI Bank about any change in his/her/it's email address as provided earlier to ICICI Bank.
- 7. ICICI Bank does not provide any warranty and makes no representation whatsoever about the accuracy, authenticity and/or completeness of the transaction statements provided through electronic medium. While ICICI Bank shall endeavour to provide the transaction statement as requested by the Client promptly, ICICI Bank shall not be responsible for any non-response or delay in providing the transaction statements to the Client due to any reason whatsoever, including but not limited to, due to failure of operational systems or any requirement of law.

- 8. The Client will take all the necessary steps to ensure confidentiality and secrecy of the login name and password of the internet/email account.
- 9. The Client is aware that the transaction statements may be accessed by other entities in case the confidentiality/secrecy of the login name and password is compromised.
- 10. The Client accepts full responsibility for the monitoring and safeguarding of the Client's accounts with ICICI Bank. The Client shall immediately notify ICICI Bank in writing, delivered via e-mail and/or Registered AD: (a) If the Client becomes aware of any loss, theft or unauthorised use of the passwords or digital signatures of the Client, as the case may be and the Client's account number; or (b) Any inaccurate information in the account balances, investment products positions, or transaction history.
- 11. If the Client fails to notify ICICI Bank immediately upon the Client's knowledge about the time when any of the above conditions (as mentioned in clause 10) occur, neither ICICI Bank nor any of its officers, directors, employees, agents, affiliates or subsidiaries can or will have any responsibility or liability to the Client or to any other person whose claim may arise through the Client for any claims including but not limited to claims arising with respect to the handling, mishandling or loss of any order. Under no circumstances, including negligence, shall ICICI Bank or anyone involved in creating, producing, delivering or managing the Services for ICICI Bank be liable for any direct, indirect, incidental, special or consequential damages that result from the use of or inability to use the Services, or out of any breach of any warranty.
- 12. Both ICICI Bank and the Client have the right to terminate such Services provided a written notice is given atleast 10 (ten) days in advance to the other party.
- 13. ICICI Bank reserves the discretion to revise/modify/alter the Terms herein.
- 14. All disputes arising out of or in relation to this terms and conditions shall be governed by the laws of India and shall be subject to the exclusive jurisdiction of the competent courts at Mumbai.
- 15. Not with standing any thing contained here in, all terms and conditions stipulated by ICICI Bank pertaining to the Account(s) and/or to any services/ facilities offered by ICICI Bank, shall continue to be applicable to the Client. The above terms are in addition to and not in contravention of the terms and conditions forming part of the Rights & Obligations document and the "LETTER OF CONFIRMATION" signed by the Client at the time of opening the account with ICICI Bank and the terms and conditions relating to any Account(s) of the Client and/or to those relating to services/facilities offered by ICICI Bank and availed by the Client. However, in the event of a conflict in such other terms and conditions stipulated by ICICI Bank, Rights and Obligations document, Letter of Confirmation and the Terms herein, these Terms shall have an over riding effect to the extent of such conflict. The Client agrees that in the event the Client avails of any services/facilities offered by ICICI Bank through the Website, the Client shall be bound by all the terms and conditions stipulated by ICICI Bank pertaining to such services/facilities, offered by ICICI Bank and availed by the Client through the Website.

Signature of Sole/First Holder

Signature of Second Holder

Х

Х

Signature of Third Holder

REVISED DEPOSITORY SERVICE CHARGES FOR RESIDENT RETAIL CUSTOMERS & CORPORATES (EFFECTIVE FROM FEBRUARY 1, 2021)

DESCRIPTION OF CHARGES	REGULAR ACCOUNT	BASIC SERVICES DEMAT ACCOUNT (BSDA)
Account Opening	Nil	Nil
*Annual Maintenance Charges	₹ 700	 EQUITY Holding value Up to ₹50,000 - NIL From ₹50,001 - ₹ 2,00,000 - ₹100 Above ₹2,00,000 - Tariff of regular accounts. DEBT SECURITIES Holding value Up to ₹100,000 - NIL From ₹100,000 - NIL From ₹100,001 - ₹ 2,00,000 - ₹100 Above ₹ 2,00,000 - Tariff of regular accounts.
Buy – Market and Off-Market	Nil Nil for Trades done at <u>www.icicidirect.com</u>	Nil Nil for Trades done at <u>www.icicidirect.com</u>
 *Sell – Market and Off-Market and Redemption of MF units (% of transaction value of each ISIN) - Max. ₹ 500 for debt instruments Instruction submitted through Internet / E-instruction Instruction submitted through Call Centre Instruction submitted at Branches 	 0.04% of value of securities (Min. ₹ 30 and Max ₹ 25,000) 0.04% of value of securities (Min. ₹ 35 and Max ₹ 25,000) 0.04% of value of securities (Min. ₹ 40 and Max ₹ 25,000) Nil for Trades done at www.icicidirect.com 	 0.06% of value of securities (Min. ₹ 35 and Max ₹ 25,000) 0.06% of value of securities (Min. ₹ 40 and Max ₹ 25,000) 0.06% of value of securities (Min. ₹ 45 and Max ₹ 25,000) Nil for Trades done at www.icicidirect.com
Rejection/failure of Transfer Instruction For Delivery (TIFD)	₹ 30	₹ 30
 Extra charges for processing of TIFDs submitted after the cut- off timing (% of transaction value) Instruction submitted through Internet / E-instruction Instruction submitted through Call Centre Instruction submitted at 	 Nil Nil ₹ 10 per ISIN 	 Nil Nil ₹ 10 per ISIN
 Instruction submitted at Branches (accepted at Client's risk) 	• ₹10 per ISIN	• ₹10 per ISIN
Dematerialisation		
For each request form	₹ 50	₹ 50
Extra for each certificate	₹3	₹3
Demat Rejection		

For each request form	₹ 50	₹ 50							
Rematerialisation	A fee of ₹ 25 for every hundred securities or part thereof subject to maximum fee of ₹ 3,00,000; or a flat fee of ₹ 25 per certificate, whichever is higher.	A fee of ₹ 25 for every hundred securities or part thereof subject to maximum fee of ₹ 3,00,000; or a flat fee of ₹ 25 per certificate, whichever is higher.							
Reconversion of MF units	₹ 25 Per Instruction	₹ 25 Per Instruction							
Closure of Account	Nil	Nil							
Pledge Creation / Closure / Confirmation / Invocation (% of value for each ISIN in each request) • If, ICICI Bank is counter party	● 0.02% (Min. ₹ 35 and Max ₹25,000)	• 0.04% (Min. ₹ 60 and Max							
 If, ICICI Bank is not counter party 	 0.04% (Min. ₹ 45 and Max ₹25,000) 	₹25,000) ● 0.06% (Min. ₹ 60 and Max ₹25,000)							
 * Margin Pledge charges if Margin Pledge/Margin Trade funding instruction is submitted 	₹ 15	₹ 15							
 at the Branch if Margin Pledge/Margin Trade funding is done on <u>www.icicidirect.com</u> 	Nil	Nil							
Additional Account Statements	₹ 20	₹ 20							
* Reissuance of Delivery Instruction Slip (DIS) Booklet charge	₹ 50 per booklet	₹ 50 per booklet							

NSDL charges are chargeable extra at actuals. Present NSDL Charges are:

Annual Maintenance Fee for Corporate Account	₹ 500 p.a. (W.e.f. 01.Oct.2013)
Sell - Market and Off-Market	₹ 5.00 per debit instruction (nil for commercial paper and short-term debt instruments)
Reconversion of MF units into SoA	₹ 10.00 per instruction
Margin Pledge charges Margin Pledge initiation from client account to Trading Member Re-Pledge from Trading Member account to Clearing Member account Re-Pledge from Clearing Member account to Clearing Corporation account Re-Pledge release by Clearing Member Re-Pledge release by Trading Member Invocation by Clearing Member or Trading Member (No fee for re-pledge release / invocation by Clearing Corporation)	 ₹ 5.00 per instruction ₹ 1.00 per instruction ₹ 1.00 per instruction ₹ 1.00 per instruction ₹ 5.00 per instruction ₹ 5.00 per instruction

Redemption of MF units through Participants	₹ 4.50 per instruction
Remat	A fee of ₹ 10 for every hundred securities or part there of subject to maximum fee of ₹ 5,00,000; or a flat fee of ₹ 10 per certificate, whichever is higher.
Pledge Creation	₹ 25 per instruction

Conditions:

- The value of securities and charges are calculated as per NSDL formula and rates.
- There will be a charge of ₹100 for dishonour of any cheque or unsuccessful attempt to recover payment through direct debit or ECS. The depository services are liable for discontinuation, if ICICI Bank is unable to recover charges from the customer for any reason whatsoever. In such cases there will be a charge of ₹250 for resumption of services and the services will be resumed after a minimum of three working days from the date of receipt of request at Central Processing Office, Mumbai.
- Any service that is not indicated above will be charged separately as per the rates applicable from time to time.
- As per regulatory guidelines, if you close/shift your Demat account, the portion of the advance Annual Maintenance Charge applicable to the balance quarter(s) will be refunded. This is with effect from July 1, 2010.
- ICICI Bank reserves the right to revise the tariff structure from time to time and the same will be communicated to the customers with a notice of 30 days.
- No charges are payable for opening of Demat accounts.
- Goods & Service Tax as per the prevailing rates will be charged in addition to these charges.
- Effective July 01, 2020 Stamp duty charges would be collected on consideration amount of Off-Market transfer and from pledgee for Pledge invocation request, before execution of request.

* The Annual Maintenance Charges are levied in advance for a period of one year at the beginning of the billing cycle.

* For **SPEED-e** and **EASIEST**, charges with respect to Instruction submitted through Internet/ E-instruction will be applicable.

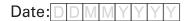
- * Reissuance of Booklet charges will be ₹50 per booklet containing 10 leaflets
- * Margin Pledge transactions done through <u>www.icicidirect.com</u> will have NIL charges.

Signature of Sole/First Holder	Signature of Second Holder	Signature of Third Holder
* For future reference of rate card, kindly refer the ba	nk website	
CICIbank.com > Product > Demat > Service Charge		
	ACKNOWLEDGEMENT	
		Application No.
Accepted the application for opening a depository acco	unt from Shri/Smt	as the sole/first holde
along with	and	as the second and thir
holders respectively. Your Demat Client Id will be intima	ated to you shortly on acceptance. Pleas	se quote the DP Id & the Client Id allotted to yo
in all your future correspondence.		
Date:		(For ICICI Bank Ltd.)

- I wish to receive Rights & Obligations document through E-mail
- I wish to receive Rights & Obligations document through Physical form

Acknowledgement

To,



ICICI Bank Limited CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai - 400072. DP ID - IN303028.

With reference to my/our application for opening a depository account, I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant".

(C_{5})		
	Name	Signature(s) of Account Holder(s)
Sole/First Holder		
Second Holder		
Third Holder		

Know Your Client (KYC) Application Form (For Individuals Only)

Application No. :

PI	ease fi	l in	ENG	GLIS	бН а	and	in	BLC	ск	LET	TER	S																												
A.	. Identi	ty [Deta	ails	(pl	eas	e s	see	gui	delir	nes	ove	rlea	af)																										
1.	Name of	Арр	licar	nt (A	ls ap	pear	ring	in su	ppor	rting i	denti	ificati	ion d	locum	nent)																		-							
Na	ime																																			DUC		-		
																																			I	РНС	отос	зКА	РН	
Fa	ther's/Sp	ouse	Nai	me			_								1	1	1	1	1											T			\neg							
					-	+	+	+		+		+	+		-				-	-		-	+			+	_			+	+	_	$-\parallel$			Ple	ease	affi	x	
																																	_				cent notog			
2.	Gender	□ N	/ale] Fe	emale	e	B.	Mari	ital st	tatus	; 🗆	Sing	le 🗆] Ma	arriec		C.	Date	e of	Birt	th 🛛		d ,	/ [r	n	m	/	у	у		у	у		512.		n acı			u
3.	Nationa	ity	🗌 In	diar	n []0t	her	• <u>(Plea</u> s	se spi	ecify)																														
4.	Status P	lease	tick	(✔)		Resi	iden	ıt Indi	vidu	al	🗆 No	on Re	eside	nt	□ F	orei	gn Na	ationa	al (F	Passp	ort	Сору	Ma	ndat	ory f	or l	VRIs	& I	Fore	ign	Nat	ionals	;)							
5.	PAN		Γ			Τ	Т		Т] F	lease	e enc	lose	a du	ly at	teste	d cop	oy ot	f you	r PA	AN C	ard																	
	Aadhaa	· Nur	ı nber	L C if a	anv:														,																					
									NI			[. Т:-		、 、																	_							
	Proof o		-														ners [] (Pl4	ease	500	auid	eline	'D'	overl
		haune	uur)]103	opor							<u>у пс</u>] (i id			guiu			oven
B.	Addre	ss D	Deta	ails	(pl	eas	e s	see g	guio	delir	nes -	ove	rlea	af)] Co	orre	spoi	nde	ence	Ac	ldre	ss		Res	side	enc	e /	٩dc	lres	s									
1.	Address	for	Corr	espo	onde	ence	/	Resid	den	ce																														
							+	_	_	+	+	+	\vdash	⊢									_			+				_	+		_	_	+	\dashv	-	-		\vdash
						-	+	+	+	+	+	+	+	+	-	-			-				+		-	+	-			+	+		+	+	+	+	+	+		\vdash
	City / Tow	n / Vi	llage			+		+	+	+	+	+	+	+	\vdash	-	+	$\left \right $	\vdash			+	+		-		+			+		Pi	n Co	ode	+	+	+			\square
	State																				Co	ountry																		
2.	Conta	ct D	eta	ils																																				
	Tel. (Off.)				TD)				\square				\Box								Tel.	(Res	· .	ISD)		STC							\square		\square					
	Mobile E-Mail Id.	(IS	D)	(S [.]	TD)		+	_	_	+	_	+	—	—	-	-			-	_	-	Fax	(ISD)	(STC))			\vdash	+	_	+	_		\dashv	-+			\square
	<pre>*Lat *Not</pre>	more	e thar	n 3 M	Vlon	ths c	old.	Valid	lity/E	Expiry	y dat	e of	proc	of of	add	ress	subn	nitte	d [d	d	/[m	m	/ [y	у	y an	da	y tor	y)	for	Nor	n-Re	esid	len	t Ar	opli	can	ıt
					-	+	+	+	+	+	+	+	\vdash	+	\vdash	-	-	-	\vdash		-	+	+		+	+	+			+	+	_	+	+	+	+	\rightarrow	\dashv		$\left - \right $
						+	+	+	+	+		+	+	+	\vdash				\vdash				+							+			+	+	+	+				
	City / Tow	n / Vi	llage					\square	\bot	\square	\square	\square	\square								C.											Pi	n Co	de	\square	\square	\square			
	State																					ountry																		
	Proof c Pass	oort		Ratio	on (Card		Reg	giste	ered L	ease	e/Sale	e Ag	reem	nent	of F	Resid	ence	e 🗆] Driv Bill	ving	Lice Othe	ense		Vot	er l	den	ts a tity	& 1 Ca	rd [(√]*) aga Lates	ains at Ba	it th ank	ie d A/c	ocu Stat	mer æme	it af	t tac 'assb	hed. Jook
6	*Not Any o									Expiry											d	/ [m	m	/ []	y	у	у		у										
0.	Ally 0	uiei		1011	ma	lion	·· -																																	
											DE	ECL	AR		10	N													T	S	IG	NA	TU	IRE	0	F.	AP	PLI	CA	NT
lun	reby deo dertake e or unt	to ir	nfor	m y	ou d	of ar	ny d	chan	ges	there	ein, i	imm	nedia	ately	. In d	case	any	oft	he a	abov	e ir	nforr	nat	ion i																
Plac	e:																	C	Date:	:																				
									FO	DR (OFF	ICF	E U	ISE	0	NLY	(I	ν	Do	ne		or	d	d	٦/	m	m	7/	у	у	у
AM	C/Interme	diary	nam	ne O	R co	ode								Seal/Stamp of the intermediary should contain Staff Name										Seal/Stamp of the intermediary should contain																
	(Originals	Verif	ied) :	Self	Cert	tified	Dc		ent c	copies	rece	ived						-		natio	-												-		natio					
	(Attested)																Nam		5	Org		atior	۱									Nam		0	e Org		zatio	'n		
	Main Inte			ies U	n uc	JUIII	ent	5 IECE	aveu	1								9	0	ature															natur	е				
	mann Inte	meu	nary																Da	ate														D	ate					



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 Opting for Basic Services Demat Account (BSDA)

DP ID:

Date:	D	D	M	M	V	\mathbf{V}	V
Date.			IVI	IVI	1	T	- T

Client ID:

I/we request you to open my/our depository account into BSDA as per the following details and I/we also wish to register my/our mobile number in my/our Demat A/c and subscribe for SMS alerts.

Sole/First Holder	
Mobile No. (Mandatory)	PAN PAN
E-mail	
Second Holder	
Mobile No. (Mandatory)	PAN PAN
E-mail	
Third Holder	
Mobile No. (Mandatory)	PAN PAN
E-mail	

I/we have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA. I/we hereby declare that I/we am/are eligible to open a depository account as a BSDA holder and undertake to comply with the requirements specified by Securities and Exchange Board of India (SEBI) or any such authority for such facility from time to time. I/we also understand that in case I/we at any point of time do not meet the eligibility as a BSDA holder, my / our aforesaid account is liable to be converted to regular account.

Eligibility for availing the facility of BSDA:

- It is mandatory to register for the SMS alert facility before opting for the facility of BSDA.
- Facility is available only for Individual Demat accounts (Excluding HUF accounts).
- Customer should have only one demat account in his capacity as a sole holder or a first holder in the whole depository system, i.e. NSDL and CDSL.
- Value of the holding in this demat account should not exceed Rs. 2 lac.



SIGNATURE OF SOLE/FIRST HOLDER

SIGNATURE OF SECOND HOLDER

SIGNATURE OF THIRD HOLDER

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.

2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.

4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"

6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.

7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.

10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.

12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.

14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such BOs and shall resume sending the transaction statement as and when there is a transaction in the account.

15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.

16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons what so ever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.

18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.

20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5 & 6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,

1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.

2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.

23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority

Redressal of Investor grievance

24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorized representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be for thwith communicated to the Participant.

Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DPand the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.

27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.

28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner

29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI

30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.

31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.



FATCA/CRS Declaration Form

To:	ICICI Bank Limited India		
DP	ID:	ent ID:	
Nar	ne:		
	Primary Holder 🔲 1st Joint Holder 🔲 2nd	d Joint Holder 🔲 3rd Joint Holder	
Res	idential Status (Resident / Non-Resident):		
	FAT	TCA/CRS Declaration Form	
Pa	rt I- Please fill in the country for each of the	following (Applicable for all customers):	
1.	Country of :		
a)	Birth		
b)	Citizenship		
c)	Residence for Tax Purposes		
d)	Current Residence (Overseas Country for NRI)		
2.	US Person (Yes/No) (Refer definition at bottom)		
Pa	rt II- Please note:		
F	please proceed to Part III for signature.	ou is India (except in case of seafarers) and if you do not d by you is not India and/or if your US person status is Ye	
F	Payer Identification Number (TIN) or Functional equip	uivalent as issued in the specific country in the table belo	w:
			Country of Issue
1.1	□ TIN or □ Functional equivalent(Please specify name and number)		
	TIN or Functional equivalent(Please specify name and number)		
	TIN or Functional equivalent(Please specify name and number)		
n	eason for the same as given below: I am a person resident out of India with (choo Country not issuing TIN/Functional equivalent	(mention O Visa /OReside	uivalent, please tick the ence /୦ Work permit number)
	Dependent visa		
	Student visa Seafarer status	(mention student visa number) (mention CDC/visa number)	
	 Going to the country of residence for first time communicated to the bank within 90 days, else OR 	(mention visa number. TI	N/functional equivalent to be
1		esident for tax purposes in India (Please also fill I	Part IV solf-cortification)
d. I	n case you are declaring US person status as 'No' l of Citizenship. If not available provide reason/s for	but your Country of Birth is US, please provide document	
F	Please also fill Part IV Self-Certification.		=2
Pa	t III- Customer Declaration (Applicable for	all customers)	
(1	subdivision thereof or therein, including the Distr to U.S. federal income tax regardless of the so person) or	person under the laws of the United States of America ("U rict of Columbia or any other states of the U.S., (ii) an estate th surce thereof. (This clause is applicable only if the account	he income of which is subject t holder is identified as a US
	 The applicant is taxable as a tax resident under a tax resident outside of India) 	the laws of country outside India. (This clause is applicable	only if the account holder is

flicici Bank

able to offer any tax adv (iii) I agree to submit a new (iv) I agree that as may be or suspend my accoun	vice on FATCA/CRS or its v form within 30 days if a required by domestic re t.	s impact. I shall seek any information or co gulators/tax authorit	advice from professional ertification on this form be ies the Bank may also be r	tax advisor for any t comes incorrect required to infom rej	portable details to CBDT or close
			f my knowledge and belie number of the applicant.	f the certification is t	rue, correct, and complete
Signature :				Date	(DD/MM/YYYY)
Name :					
Part IV- Self-Certifica	tion: (Not Applicable f	or NRI customers e	except for point (b) below): To be filled only	if-
(a) Any of the indicia p purpose outside Ind(b) Country of Birth is U	lia, or			s not available si	nce not a resident for tax
I confirm that I am not a in any country other tha suggest my relation wit am providing the follow and / or residency	an India, though one on the the country outside	or more paramete India. Therefore,	rs I	Signatu	re
Document Proof submit	tted (Pls tick docume	nt being submitte	d)		
Passport Election	i Id Card 🔲 PAN Card	Driving Licens	e 🔲 UIDAI Letter 🔲 N	IREGA Job Card	Govt. Issued ID Card
Note					
The term United States	person means:				
thereof; (c) a trust if: i. a court w concerning substant	ration organized in th ithin the United States ially all issues regardi al decisions of the trus	e United States of s of America would ng administration it;	America or under the la d have authority under a of the trust; and ii. one	applicable law to r or more U.S. pers	States of America or any State ender orders or judgments ons have the authority to
Functional Equivalent of	of TIN includes the fo	lowing:			
A social security / insurpopulation registration			ation /services code/na	tional identification	n number, a resident /
a) City of Birth					
b) Address In The Juris					ata lla
Same as Current / Perma	nent / Overseas Address o		Same as Corresponde	nce / Local Address d	
Line 2					
Line 3				City / Town / Village	9*
State*			ZIP / Post Code*	IS	SO 3166 Country Code*

List of two – digit state / U.T codes as per Indian Motor V hicle Act, 1988

State / U.T	Code
Andaman & Nicobar	AN
Andhra Pradesh	AP
Arunachal Pradesh	AR
Assam	AS
Bihar	BR
Chandigarh	СН
Chattisgarh	CG
Dadra and Nagar Haveli	DN
Daman & Diu	DD
Delhi	DL
Goa	GA
Gujarat	GJ
Haryana	HR

State / U.T	Code
Himachal Pradesh	HP
Jammu & Kashmir	JK
Jharkhand	Hſ
Karnataka	KA
Kerala	KL
Lakshadweep	LD
Madhya Pradesh	MP
Maharashtra	MH
Manipur	MN
Meghalaya	ML
Mizoram	MZ
Nagaland	NL
Orissa	OR

State / U.T	Code
Pondicherry	PY
Punjab	PB
Rajasthan	RJ
Sikkim	SK
Tamil Nadu	TN
Telangana	TS
Tripura	TR
Uttar Pradesh	UP
Uttarakhand	UA
West Bengal	WB
Other	XX

List of ISO 3166 two- digit Country Code

Country			a	A	<i>c</i>		<u> </u>
	Country	Country	Country	Country	Country	Country	Country
	Code		Code		Code		Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GQ	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic	MK	Saudi Arabia	SA
Allaona	AD	Entred		of	NIK	Sudur Arusiu	54
Angola	AO	Fatania	EE		MG	Conocol	SN
Angola		Estonia		Madagascar		Senegal	
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Islands	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Islands	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	so
	BS		GA		YT	South Africa	ZA
Bahamas		Gabon		Mayotte			
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich	GS
						Islands	
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SJ
	BM		GD				SZ
Bermuda		Grenada		Morocco	MA	Swaziland	
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NR	Taiwan, Province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	10	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Тодо	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	ТК
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	НК	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
	CM	India	IN		NO	Turkmenistan	TM
Cameroon				Norway			
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
the							
Cook Islands	СК	Kenya	KE	Puerto Rico	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire !Côte d'Ivoire	CI	Korea, Democratic People's Republic	KP	Reunion !Réunion	RE	Virgin Islands, U.S.	VG
Cote a worre !Cote a worre	u	of	KP	Reunion Reunion	KE	virgin islands, U.S.	VI
Croatia	HR	Korea, Republic of	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW		RU	Western Sahara	EH
				Russian Federation			
Curacao !Curaçao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy !Saint Barthélemy	BL	Zambia	ZM
	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da	SH	Zimbabwe	ZW
Czech Repub l ic				Cunha		1	
Czech Republic			I	Cuina			
Czech Republic	DK	Lebanon	LB	Saint Kitts and Nevis	KN		
	DK DJ	Lebanon Lesotho	LB LS		KN LC		

By ticking here, I agree with the below terms pertaining to authentication and updationof my Aadhaar details:

I hereby provide my voluntary consent and authorize <u>ICICI Bank to:</u>

A) Authenticating me with UIDAI's Aadhaar based authentication system;

B) Updating my Aadhaar details in the account opened pursuant to this Application Form;

C) Use my registered mobile number to receive SMS alerts from ICICI Bank regarding Aadhaar; and D) Use, exchange and share my Aadhaar details with concerned regulatory and / or statutory authorities as may be sought by them and / or required under applicable law/s

By ticking here, I agree with the below terms pertaining to sharing of myAadhaar related information:

A). ICICI Bank has informed me that my biometric details shall not be stored by ICICI Bank and shall not be shared with any third party except as provided under applicable laws and shall be submitted to Central Identities Data Repository / Unique Identification Authority of India (UIDAI) for purpose of authentication.

B). I understand and agree that the nature of information which may be shared by UIDAI with the bank upon authentication shall be in nature of my demographic information including photograph and email id and mobile number which ICICI Bank may use for KYC verification as identity/address proof for the purpose of account opened pursuant to this Application Form.

By ticking here, I agree with the below terms pertaining to the purposefor which my Aadhaar details shall be used:

A). ICICI Bank has informed me & I am fully aware that my Aadhaar details and identity information would only be used for Yes/No authentication facility (using demographic, OTP, biometric or multifactor authentication) or e-KYC authentication facility (using OTP or biometric authentication), as may be applicable and for updation of Aadhaar details in the account opened pursuant to this Application Form.

B). My Aadhaar information submitted to the bank herewith shall not be used for any purpose other than mentioned above.

I hereby understand, that my request for updation of Aadhaar details in the bank account will be processed within 7 working days. The request will not be processed, if:

- (i) Aadhaar details provided by me is incorrect / incomplete;
- (ii) My details in bank account to be opened pursuant to this Application Form, do not match with details available with UIDAI as a result of which authentication with UIDAI fails; and
- (iii) Technical failures while authenticating Aadhaar with UIDAI.

C). All the above information, furnished by me to the Bank is true, correct and complete. ICICI Bank does not take any responsibility and shall not be held liable for any claims whatsoever, should the details provided by me are incorrect/ incomplete.

D). In case of any correction, dispute, query or complaint regarding the Aadhaar updation, customer(s) shall address the same to phone banking team of ICICI bank or visit the nearest ICICI Bank branch.