

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)

## Form for Minor Name Correction in Demat Account (NSDL & CDSL)

Date: D D M M	YYYY																													
Dear Sir / Madam I/We hereby reques	t you to corr	ect m	ny/ou	r nam	e in tl	ne fo	ollo	wing	g d	lema	at ac	cou	unt	he	ld v	witl	ı y	ou	:											
DP ID:				Client	ID:																									
Account Holder's	Details:-																													
Sole/First Holder																														
Second Holder																														
Third Holder																														
Correction in name	of the								_[1	st/2	nd/	3rd	] h	old	ler.															
Name as recorde	d in demat a	ıccou	nt																											
Correction in nam	ne to be upd	ated	in de	mat a	ccour	nt																								
Reason for minor co	orrection (pl	ease	tick a	any on	е																									
Expansion of	initials			Ac	lditio	n of	mid	dle	na	me																				
Abbreviation	to initials			Co	rrecti	on (	of sp	oelli	ing	mis	take	es																		
I hereby declare th															nat	t ad	cco	un	t is	s n	ot (	on a	acc	oui	nt c	of c	han	ge i	n	
name due to marri	age, divorce	, Col	irt or	aer, n	umer	010	gy o	r ai	ny	otne	er re	easc	ons	·.																
Specify the proof o	f identity su	ıbmit	,										_												_					
PAN card			_	DHAA								L	_		ıssp											Dri	ving	Lic	ence	:
Voter's identit	y card issue	d by t	he El	ection	Com	mis	sior	of	Inc	dia				Jo	b d	card	d is	su	ed	by	NF	REG	iΑ							
Signature of Client	: (In case of j	joint	ассоі	ınt, re	quest	mı	ıst b	e si	ign	ed k	y tl	ne d	lem	nat	ac	col	ınt	ho	lde	er v	who	se	na	me	is t	to k	e c	orre	cted	)
	Fii	rst/Sc	le Ho	older						Sec	cond	d Ho	olde	er								-	Thi	d F	lolo	der				
Name																														
Signature																														
<b></b>																													···>	<u>e</u>
Acknowledgement We hereby acknowle																														-
DP ID			С	lient IC	) [																									
Received by																														
Bank Official Signatu	re																													
Branch						SI	R No	)																						
[ - [ - ] ]																														



## KYC Details Change form (For Individuals Only)

☐ (Attested) True copies of documents received

Main Intermediary

Application No. :

Sase Provide the new KYC details which should be updated in your KYC records.  8. Mandatory fields for KYCs done before 1" January 2012  1. Father/Spouse Name   2. Current Mariati statu   Single   Maried   3. Current Mariati statu   Single   3. Current Mariati statu   3. C	Please fill this update / modification for		CK LETTERS (Plea	se strike of	ff Sections that are	not used).					
Same Provide the new KYC details which should be updated in your KYC records.  8. Mandatory fields for KYCs done before 1" January 2012.  1. Enter'sSporse Name  1. Current Marial status Single Mariad  3. Current Marial status Single Mariad  4. New Maria Kingle Mariad  5. Current Marial status Single Mariad  6. New Mariad Kingle Mariad  6. New M	A Name of Applicant (Mandatory as per original)	ginal KYC records)									
Date of Birth	Title Mr. Ms. Other Please S Aad	haar Number, if any:		PAN							
8. Mandatory fields for KYCs done before 1" January 2012.  1. Rather/Sposos Name    Current Marial status   Single   Warried   S. Current Nationality   Indian   Other	Date of Birth ddd/mm//yyyy	<u> </u>									
Page	ease Provide the new KYC details which sho	uld be updated in your KYC ı	ecords.								
2. Current Marital statusSingleMarriad	•	1 <sup>st</sup> January 2012									
Cleantity Details (please see guidelines overlear)	1. Father's/Spouse Name Single Married	3. Current	Nationality 🗌 Indian	Other (Plea	ase specify)						
New Yostus   Respecting in supporting identification document.			Cs registered before 1	st January 2012	2. Originals Seen and Ver	ified should					
New Status Pesse tick (v)   Resident Individual   Non Resident Pasaport. Copy Mandatory for NRB & Foreign Nationals)   RANN	· · · · · · · · · · · · · · · · · · ·										
Pease enclose a duly attested copy of your PAN Card	Name	ocument).									
4. Proof of Identity submitted for PAN exempt cases Please Tick (/)   Address Details (please see guidelines overleaf)   Address Details (please see guidelines overleaf)   Address Details (please see guidelines overleaf)   Address For Residence Correspondence			,	n Nationals)							
Aedhaar Card   Passport   Vater ID   Dming Licence   Others   PRease see guideline ID over			our PAN Card								
D. Address Details (please see guidelines overleaf)  1. New Address for Residence/Correspondence    City   Dwn / Vilage					ر ممع معممال	quideline 'D' overl					
New Address for Residence/Correspondence					(i lease see (	guideline D oven					
State	New Address for Residence/Correspondence	overlear)									
State											
State											
State	C' (T () ()				D' C 1						
Rel (Res.) (ISD) (STD)   Rel (ISD) (STD) (STD) (STD) (STD)   Rel (ISD) (STD)			Country		Pin Code						
Tel. (Off.) (ISD) (STD)			Country								
Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (<) against the document attached.   Passport   Ration Card   Registered Lease/Sale Agreement of Residence   Driving License   Voter Identity Card   *Latest Bank A/c Statement/Passbook   *Latest Telephone Bill (on) Land Line)   *Latest Electricity Bill   *Latest Sale Bill   Others (Please specify).	Tel. (Off.) (ISD) (STD)		, ,								
Passport   Ration Card   Registered Lease/Sale Agreement of Residence   Driving License   Voter Identity Card   *Latest Bank A/c Statement/Passbook   *Latest Electhroine Bill (only Land Line)   *Latest Electhroine Bill   *Latest Gas Bill   Others (Rease specify)   *Not more than 3 Months old. Validity/Expiry date of proof of address submit ANY ONE of the following valid documents & tick (/) against the document attact   Passport   Ration Card   Registered Lease/Sale Agreement of Residence   Driving License   Voter Identity Card   *Latest Bank A/c Statement/Passbook   *Latest Belphone Bill (only Land Line)   *Latest Electricity Bill   *Latest Gas Bill   Others (Rease specify)   *Not more than 3 Months old. Validity/Expiry date of proof of address submitted   d   d   m   m   f   y   y   y   y   y   y   y   y   y	E-Mail Id.										
New Permanent Address of Resident Individual OR Overseas Address (Mandatory) for Non-Resident Individual	☐ Passport ☐ Ration Card ☐ Registered Lease/Sale ☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Telephone Bill (only Line) ☐ *Latest Telephon	Agreement of Residence □ Driving L Electricity Bill □*Latest Gas Bill □ C	icense Voter Identi Others (Please specify)	ty Card □*Late	est Bank A/c Statement/Pa:						
State   Country					у						
State   Country											
State   Country											
5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (*) against the document attact     Passport	City / Town / Village				Pin Code						
Passport Ration Card Registered Lease/Sale Agreement of Residence Driving License Voter Identity Card *Latest Bank A/c Statement/Pass!  *Latest Telephone Bill (only Land Line) *Latest Electricity Bill *Latest Gas Bill Others (Please specify)  *Not more than 3 Months old. Validity/Expiry date of proof of address submitted dd/mm//yyyyyy  5. Any other information:  SIGNATURE OF APPLICANT  DECLARATION  Thereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.  Place:  Date: dd/mm//yyyy  MC/Intermediary name OR code  Seal/Stamp of the intermediary should contain  Staff Name Designation  Designation			, , , , , ,								
SIGNATURE OF APPLICANT    Ihereby declare that the details furnished above are true and correct to the best of my/our 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/we are aware that I/we may be held liable for it.    Place:	☐ Passport ☐ Ration Card ☐ Registered Lease/☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Telephone Bill (only Line) ☐ *Latest Teleph	Sale Agreement of Residence	Oriving License	ter Identity Car pecify)	rd □*Latest Bank A/c S						
Old signature as per original KYC Wherever Applicable  FOR OFFICE USE ONLY  WC/Intermediary name OR code    Coriginals Verified) Self Certified Document copies received   I   Place:   Designation	6. Any other information:										
the best of my/our 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/we are aware that I/we may be held liable for it.  Place:  Date:  Date:  Date:  Dote:  Dote:  Dote:  Dote:  Dote:  Seal/Stamp of the intermediary should contain Staff Name Designation  Designation	SIGNATURE OF APPLICANT	DECLARA	TION		SIGNATURE OF	APPLICA					
FOR OFFICE USE ONLY    IPV Done	Old signature as per original KYC the byour infor	pest of my/our knowledge and be of any changes therein, immedia mation is found to be false	elief and I undertake ately. In case any of or untrue or mis at I/we may be held	e to inform the above leading or liable for it.							
MC/Intermediary name OR code  Seal/Stamp of the intermediary should contain Staff Name Designation  Seal/Stamp of the intermediary should contain Staff Name Designation			Date: dd/mm								
Staff Name Staff Name Designation Designation		CE USE ONLY		IPV Done	on dd//m	m / y y					
(Originals Verified) Self Certified Document copies received   Designation   Designation	AMC/Intermediary name <b>OR</b> code			Sea							
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Name of the Arganization	(Originals Verified) Self Certified Document copies receiv										

Signature

Date

Signature

Date