

LIMITED LIABILITY PARTNERSHIP LETTER for CMS FACILITY

Date: DD-MM-YYYY

To,
The Manager
ICICI Bank Limited
Mumbai

Dear Sirs,

We, the undersigned hereby declare that we are partners of M/s _____ (“Firm”), carrying on the business of _____ at _____ and each of us have full and unrestricted authority to bind the Firm severally at all times and to sign on behalf of the Firm. We desire to avail the Cash Management Facility (referred to as “CMS”) of ICICI Bank Limited, Mumbai (“ICICI Bank”) on the terms and conditions as enumerated in the Application Form to CMS and displayed on the website at www.icicibank.com .

We have read and understood the terms and conditions applicable to the CMS facility and hereby approve and accept the same. We hereby authorise ICICI Bank to perform all services under CMS facility including collection and payment, pursuant to any instructions, which may be standing or otherwise, given by any one or all the undersigned partners on behalf of the firm.

We state that we are severally authorised to execute the CMS Application Form and such deeds, documents and other writings as may be necessary or required for the purpose of availing the CMS facility, and to accept and adhere to all terms and conditions as may be applicable and comply with all other formalities as prescribed by ICICI Bank in this regard.

We hereby agree that, ICICI Bank may recover its claims from the estates of any or all of the partners of the Firm up to the extent of their limited liability as specified in the LLP deed .

We undertake to inform ICICI Bank of any change in the constitution or membership of the Firm, in writing, and agree to continue to be liable and responsible for all acts/dealings/transactions of the Firm individually until the discharge of our liability towards ICICI Bank and the acknowledgement by ICICI Bank of the written notice from us of such change.

The following mode of operations would be applicable for the CMS facility being availed from ICICI Bank for Account no **1234XXXX**_____:

Name of Maker	Name of Authoriser	Limit upto Rs
Name of Maker	Name of Authoriser	Per Trns limit

(Note - Customer can have maker checker or single user workflow and not both)

Yours faithfully,

Full Names of All the Partners ¹	Signatures (Under the rubberstamp of the firm)
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