

PARTNERSHIP LETTER for CMS FACILITY on Company letter Head

Date: DD MM YYYY

To,
The Manager
ICICI Bank Limited
Branch Name or City

Dear Sirs,

We, the undersigned hereby declare that we are partners of M/s _____ (“firm name”), carrying on the business of _____ at (Communication address) _____ and each of us have full and unrestricted authority to bind the firm jointly and 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 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 and in the case the partner is a member of a joint family, the partner's share in the estate of the joint family.

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 jointly and 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.

We declare that the partnership is registered/unregistered.¹

Following would be the Mode of operation in CMS

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,

¹ To state as may be applicable.

Full Names of All the Partners ²	Signatures (Under the rubberstamp of the firm)

(Sign and Stamp of all partner)

² All the partners to sign.