

## LETTER OF SOLE PROPRIETORSHIP for CMS FACILITY

Date: DD MM YYYY

To,  
ICICI Bank Limited,  
Branch Name or City

Dear Sir,

Name of the firm: \_\_\_\_\_

I, the undersigned, declare that I am the sole proprietor carrying on business in the name and style of the captioned firm and am solely responsible for the conduct of the affairs of the firm. I 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 for CMS and displayed on the website [www.icicibank.com](http://www.icicibank.com).

I agree to accept and adhere to all terms and conditions, applicable to CMS facility, as may be suggested by ICICI Bank from time to time. I further agree to comply with all other formalities as prescribed by ICICI Bank to execute the CMS Application Form and such deeds, documents and other writings as may be required for availing the CMS facility.

I 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 me/ persons authorised by me, whether under the name of the proprietorship or otherwise.

I further undertake to advise ICICI Bank in writing of any change that may take place in the constitution of the proprietorship, resulting from any reason whatsoever, in the event of which I agree to be liable to ICICI Bank for receipt by you of such notice and for any and all obligations, and until all such obligations and liabilities have been liquidated or discharged.

Following would be the Mode of operation in CMS

Name of Maker	Name of Authoriser	Limit upto Rs
<b>Name of Maker</b>	<b>Name of Authoriser</b>	<b>Per Trns limit</b>

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

Yours faithfully,

Sole Proprietor  
**Sign and Stamp**