

# Health I-Pay application Form



FIELDS WITH ★(STAR) ARE COMPULSORY  
PLEASE FILL THE FROM IN BLACK INK ONLY

Sr. No.

## Registration form for System

Date :

### Entity Details

\*Select Entity : Center :  State :  District :

\*Entity Name :

\*Name/Account Title :

\*Account No :

\*Bank Name :

Pay To<sup>1</sup> :

Payable Location<sup>1</sup> :

Cover Name<sup>1</sup> :

\*Checker Levels :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

<sup>1</sup>applicable only for non ICICI Bank accounts

### User Details

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Maker**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Checker 1**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Checker 2**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Checker 3**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Administrator  
Maker**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Administrator  
Checker**

User Signature

**Any one of the following documents should be submitted as Identity Proof for all the users:** 1.Valid Passport 2. Voter's Identity Card 3. Income Tax/Wealth Tax Assessment Order 4. PAN Card/PAN Intimation Letter 5. Driving License 6.Arm 's License 7. Employee Identity Card 8. Letter from Existing Banker **OR** A Letter issued by the Authorized Signatory Authenticating the User.

**\*Note: Cheque Limit: Rs. 10,000 only (Rupees Ten Thousand Only).** You recognize that ICICI Bank is entitled to dishonor or reject any cheque presented for payment and drawn on the Account if the same is in excess of the above limits or is drawn with the payee being other than self. ICICI Bank shall however not be liable for any cheques that get processed and consequent funds transfer in a manner other than as specified above.

**Operation of the Facility:**

Through the Health i-CheckPay Facility ("Facility") developed by ICICI Bank the Clients can transact on, instruct ICICI Bank about, and keep records of, transactions and dealings, including funds transfers, pertaining to the Account. Under the Facility, the Client acting through a combination of Users, as may be agreed between ICICI Bank and the Client, would be able to: (i) Intimate ICICI Bank in advance of possible funds transfers and/or schedule future fund transfers that it intends to make from the Account ("Sanctions") and disburse funds ("Disbursements") to the end beneficiaries under various expenditure heads. The Clients undertake to make Sanctions and Disbursements only through the online medium available in the Facility and by following the Authentication Procedure and providing such details as ICICI Bank may request. However, the Client may, provided ICICI Bank agrees for the same and subject to such conditions as ICICI Bank may stipulate, make Sanctions and/or Disbursements by intimating ICICI Bank of the same in writing. (ii) Obtain reports and MIS pertaining to the Accounts online and not otherwise. Reports and MIS pertaining to the Account obtained otherwise would be charged separately (iii) Enquire about the balance in the Account through any of the following media: (a) By visiting the nearest ICICI Bank Branch, (b) By logging to Corporate Internet Banking link provided on www.icicibank.com, (c) ICICI Bank Customer support center

The Client authorizes ICICI Bank to share Client Information and transaction information pertaining to the Facility with such persons as are mentioned in the Relationship Form, in a manner as may be agreed between ICICI Bank and such persons.

**Declaration**

I/We have read, understood and hereby agree to the Terms and Conditions as applicable to the Health i-CheckPay System (Hereinafter referred to as the "Facility") as set forth on the website https://cib.icicibank.com and that I/We will adhere to all the terms and conditions applicable. I/we agree that ICICI Bank may from time to time amend the said terms and conditions and communicate amended terms and conditions to me/us by hosting the same on the website or in any manner as may be deemed fit by ICICI Bank.

I/We understand that ICICI Bank allows me/us to use and operate the Facility myself/ourselves or through my/our authorized representative (collectively referred to as "the User"). I/we declare that I/We are duly authorized to make an application to ICICI Bank for availing the Facility. I/We agree and undertake to keep ICICI Bank informed of any changes in the mode of operation of the Facility as mentioned in this Application Form. I/we further confirm that the User shall be deemed to have been authorized by me/us to avail of and utilize the Facility, each time the User keys in the correct authentication measures. I/we further agree and undertake to indemnify ICICI Bank against all losses, damages, claims, expenses, suits or proceedings of whatsoever nature made, suffered or incurred consequent to the use or operation of the Facility by me/us or any of the Users.

I/We declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/We have not withheld any information. I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We agree and undertake to provide any further information that ICICI Bank/its Affiliates may require.

I/We agree and understand that ICICI Bank / Affiliates reserve the right to reject any application without providing any reason.

I/We agree and understand that ICICI Bank /its Affiliates reserve the right to retain the application forms, and the documents provided therewith, including photographs (if any), and will not return the same to me/us.

I/We authorize ICICI Bank / its Affiliates or their agent to make references and enquiries which ICICI Bank /its Affiliates consider necessary in respect of or in relation to information in this application/further applications.

I/We agree to comply with ICICI Bank's rule in force from time to time for conduct of the Facility.

I/We understand that it is my/our responsibility to inform ICICI Bank immediately on change of any User who has been authorized to access the Facility.

I/We authorize ICICI Bank to share transaction data of the amounts disbursed by \_\_\_\_\_ with:

\_\_\_\_\_  
\_\_\_\_\_

We further authorize any of the above named persons to access our Client Information in a manner that is agreeable between them and ICICI Bank, including by having our account linked to their own accounts at ICICI Bank. We shall not hold ICICI Bank liable for any information, which is shared by them with the above named persons.

\*Any Instructions, whether through an online medium or otherwise, including any cheque, demand draft sent on our behalf would be valid and ICICI Bank shall be bound to act on the same only if the same has been signed (or authenticated) by \_\_\_\_\_

\_\_\_\_\_. I/We acknowledge that ICICI Bank is not bound to enquire into the nature of the payee or the beneficiaries of any payment instructions. Dispatch of cheques/demand drafts as per the instructions of the Client shall be a valid discharge of its obligations by ICICI Bank.

\*A copy of the resolution/ charter of the entity stating the individual/designation of the person empowered to delegate individuals as Users of the Facility.

\_\_\_\_\_

\*Authorized Signatory  
(Rubber seal required)

\_\_\_\_\_

\*Authorized Signatory  
(Rubber seal required)

Please send the form to ICICI Bank Limited, Product & Technology Group, 4A, 4th Floor, Chandivli Farm Road, Near Chandivli Studio, Andheri (East), Mumbai - 400072

**FOR ICICI BANK USE ONLY**

**TO BE FILLED BY THE SOLUTION MANAGER**

Solution Manager Name : \_\_\_\_\_ Employee ID : \_\_\_\_\_

E-mail ID : \_\_\_\_\_ Phone No. \_\_\_\_\_

## Instructions for filling Health i-CheckPay registration form

### Entity Details

Following are the details to be provided by entity:

- **Select Entity** - Tick the entity box as applicable. It can be center or state or district.
- **Entity Name** - Provide the name of the entity eg. in case the entity is Maharashtra state the entity name would be 'Maharashtra'.
- **Name/Account Title** - Provide the entity's name on whose name the account exists.
- **Account No** - Provide the account no. to which transactions are to be linked. It can be ICICI account no. or non-ICICI account no.
- **Bank Name** - Provide the name of the bank where the above account is opened.
- **Pay To** - Provide the name as required to be printed on the issued cheque/DD.
- **Payable Location** - Provide the location where cheque/DD is payable.
- **Cover Name** - Provide the Name of the person/department in whose name envelop enclosing the DD/cheque is addressed.
- **Checker Levels** - Provide the number of checker levels through which all the transactions would be routed for approvals. For example, minimum number of checker level is one and maximum is three.
- **Address** - Provide the entity address details here.
- **City** - Provide the name of the city where entity's office is situated.
- **State** - Provide the name of the state.
- **PIN** - Provide the postal index number of the city.
- **Tel. No.** - Provide the telephone number of entity's office along with STD code.
- **Fax** - Provide the fax number if any.
- **Email ID** - Provide the email id for correspondence.

### User Details-Maker

Following are the details to be provided by maker:

- **Name of User** - Provide the Maker's name.
- **Designation** - Provide the designation of the maker.
- **Address** - Provide the office address details of the maker.
- **City** - Provide the name of the city.
- **State** - Provide the name of the state.
- **PIN** - Provide the postal index number of the city.
- **Tel. No.** - Provide the office telephone number along with STD code.
- **Fax** - Provide the fax number if any.
- **Email ID** - Provide the email id for correspondence.

### User Details-Checker

Following are the details to be provided by checker:

- **Name of User** - Provide the checker's name.
- **Designation** - Provide the designation of the checker.
- **Address** - Provide the office address details of the checker.
- **City** - Provide the name of the city.
- **State** - Provide the name of the state.
- **PIN** - Provide the postal index number of the city.
- **Tel. No.** - Provide the office telephone number along with STD code.
- **Fax** - Provide the fax number if any.
- **Email ID** - Provide the email id for correspondence.

Details for other checkers can be filled in similarly.

### User Details-Administrator Maker

Administrator Maker enters or modifies the details of entities in the system.

Following are the details to be provided by administrator maker:

- **Designation** - Provide the designation of the administrator maker.
- **Address** - Provide the office address details of the administrator maker.
- **City** - Provide the name of the city.
- **State** - Provide the name of the state.
- **PIN** - Provide the postal index number of the city.
- **Tel.No.** - Provide the office telephone number along with STD code.
- **Fax** - Provide the fax number if any.
- **Email ID** - Provide the email id for correspondence.

### User Details-Administrator Checker

Administrator checker checks the entries or modification made by administrator maker and ICICI admin. Following are the details to be provided by administrator checker:

- **Designation** - Provide the designation of the administrator checker.
- **Address** - Provide the office address details of the administrator checker.
- **City** - Provide the name of the city.
- **State** - Provide the name of the state.
- **PIN** - Provide the postal index number of the city.
- **Tel.No.** - Provide the office telephone number along with STD code.
- **Fax** - Provide the fax number if any.
- **Email ID** - Provide the email id for correspondence.

### Declaration

Following are the references used in declaration:

<sup>2</sup> We authorize ICICI Bank to share transaction data of the amounts disbursed by Entity Name with:

Parent Entity Names (Center/State SCOVA)

Where:

- Entity Name refers Center/State/District SCOVA who is filling the registration form
- Parent Entity Names refer Department of Health and Family Welfare/ State SCOVA.

For example, in case of District SCOVA:

- Entity's name: District SCOVA
- Parent Entity's name: State SCOVA and Department of Health and Family Welfare

<sup>3</sup> Any instructions, whether through ..... has been signed by Individual 1, Individual 2.

Individual 1 and Individual 2 refer to name of individuals authorized to issue cheques on behalf of entity. The signatures of these individuals have to be mapped to the entity's account.

<sup>4</sup> Authorised Signatories are individuals whose names and signatures are mapped with entity's account. In case of Non-ICICI bank account, the authorised signatories will be further verified as per Charter, Board Resolution, byelaws.



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Date :

**Entity Details**

\*Select Entity :      Center :       State :       District :

\*Entity Name :

\*Name/Account Title :

\*Account No :

\*Bank Name :

Pay To<sup>1</sup> :

Payable Location<sup>1</sup> :

Cover Name<sup>1</sup> :

\*Checker Levels :

\*Address :

\*City :       \*State :       \*PIN :

\*Tel.No. :       Fax :

\*Email ID :

<sup>1</sup>applicable only for non ICICI Bank accounts

**User Details**

\*Name of User :

\*Designation :

\*Address :

\*City :       \*State :       \*PIN :

\*Tel.No. :       Fax :

\*Email ID :

Role : **Maker**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :       \*State :       \*PIN :

\*Tel.No. :       Fax :

\*Email ID :

Role : **Checker 1**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Checker 2**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Checker 3**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Administrator  
Maker**

User Signature

\*Name of User :

\*Designation :

\*Address :

\*City :  \*State :  \*PIN :

\*Tel.No. :  Fax :

\*Email ID :

Role : **Administrator  
Checker**

User Signature

**Any one of the following documents should be submitted as Identity Proof for all the users:** 1.Valid Passport 2. Voter's Identity Card 3. Income Tax/Wealth Tax Assessment Order 4. PAN Card/PAN Intimation Letter 5. Driving License 6.Arm 's License 7. Employee Identity Card 8. Letter from Existing Banker **OR** A Letter issued by the Authorized Signatory Authenticating the User.

**\*Note: Cheque Limit: Rs. 10,000 only (Rupees Ten Thousand Only).** You recognize that ICICI Bank is entitled to dishonor or reject any cheque presented for payment and drawn on the Account if the same is in excess of the above limits or is drawn with the payee being other than self. ICICI Bank shall however not be liable for any cheques that get processed and consequent funds transfer in a manner other than as specified above.

**Operation of the Facility:**

Through the Health i-CheckPay Facility ("Facility") developed by ICICI Bank the Clients can transact on, instruct ICICI Bank about, and keep records of, transactions and dealings, including funds transfers, pertaining to the Account. Under the Facility, the Client acting through a combination of Users, as may be agreed between ICICI Bank and the Client, would be able to: (i) Intimate ICICI Bank in advance of possible funds transfers and/or schedule future fund transfers that it intends to make from the Account ("Sanctions") and disburse funds ("Disbursements") to the end beneficiaries under various expenditure heads. The Clients undertake to make Sanctions and Disbursements only through the online medium available in the Facility and by following the Authentication Procedure and providing such details as ICICI Bank may request. However, the Client may, provided ICICI Bank agrees for the same and subject to such conditions as ICICI Bank may stipulate, make Sanctions and/or Disbursements by intimating ICICI Bank of the same in writing. (ii) Obtain reports and MIS pertaining to the Accounts online and not otherwise. Reports and MIS pertaining to the Account obtained otherwise would be charged separately (iii) Enquire about the balance in the Account through any of the following media: (a) By visiting the nearest ICICI Bank Branch, (b) By logging to Corporate Internet Banking link provided on www.icicibank.com, (c) ICICI Bank Customer support center

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I/We understand that ICICI Bank allows me/us to use and operate the Facility myself/ourselves or through my/our authorized representative (collectively referred to as "the User"). I/we declare that I/We are duly authorized to make an application to ICICI Bank for availing the Facility. I/We agree and undertake to keep ICICI Bank informed of any changes in the mode of operation of the Facility as mentioned in this Application Form. I/we further confirm that the User shall be deemed to have been authorized by me/us to avail of and utilize the Facility, each time the User keys in the correct authentication measures. I/we further agree and undertake to indemnify ICICI Bank against all losses, damages, claims, expenses, suits or proceedings of whatsoever nature made, suffered or incurred consequent to the use or operation of the Facility by me/us or any of the Users.

I/We declare that all the particulars and information given in this application form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I/We have not withheld any information. I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We agree and undertake to provide any further information that ICICI Bank/its Affiliates may require.

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We further authorize any of the above named persons to access our Client Information in a manner that is agreeable between them and ICICI Bank, including by having our account linked to their own accounts at ICICI Bank. We shall not hold ICICI Bank liable for any information, which is shared by them with the above named persons.

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<sup>4</sup>A copy of the resolution/ charter of the entity stating the individual/designation of the person empowered to delegate individuals as Users of the Facility.

\_\_\_\_\_

<sup>4</sup>Authorized Signatory  
(Rubber seal required)

\_\_\_\_\_

<sup>4</sup>Authorized Signatory  
(Rubber seal required)

Please send the form to ICICI Bank Limited, Product & Technology Group, 4A, 4th Floor, Chandivli Farm Road, Near Chandivli Studio, Andheri (East), Mumbai - 400072

**FOR ICICI BANK USE ONLY**

**TO BE FILLED BY THE SOLUTION MANAGER**

Solution Manager Name : \_\_\_\_\_ Employee ID : \_\_\_\_\_

E-mail ID : \_\_\_\_\_ Phone No. \_\_\_\_\_



## Instructions for filling Health i-CheckPay registration form

### Entity Details

Following are the details to be provided by entity:

- **Select Entity** - Tick the entity box as applicable. It can be center or state or district.
- **Entity Name** - Provide the name of the entity eg. in case the entity is Maharashtra state the entity name would be 'Maharashtra'.
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### User Details-Maker

Following are the details to be provided by maker:

- **Name of User** - Provide the Maker's name.
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