

**Sole Proprietorship Letter for Channel Services (Corporate Internet Banking /Corporate Care Services / Debit Card)**

(Required to be submitted if Transaction access is requested. If the user is other than the proprietor then, power of attorney issued in favor of the user in the bank format, to be submitted. )  
In case Debit card is requested, clauses 6,7,8,9, also need to be included).

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Place: \_\_\_\_\_  
Date: \_\_\_\_\_

The Branch Manager,  
ICICI Bank Limited,  
\_\_\_\_\_ Branch

Dear Sir,

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

- a) I, (Name of the Sole Proprietor) having CUSTID \_\_\_\_\_ and/or Account Number \_\_\_\_\_ with ICICI Bank at ..... Branch agree to avail the 'Corporate Internet Banking' and 'Corporate Care Services', Debit card/ ATM card (choose whichever is applicable), and accepts such terms, regulations, conditions, stipulations laid down by ICICI Bank for the purpose.
- b) I \_\_\_\_\_, (Sole Proprietor of the firm), am authorized to convey to ICICI Bank Group acceptance on behalf of the firm of the terms and conditions contained in the application form and on the Website [www.icicibank.com](http://www.icicibank.com) and agree to such changes and modifications in the said terms and conditions as may be suggested by ICICI Bank Group, nominate, substitute, revoke and vary mandate etc. from time to time and to execute such deeds, documents and other writings as may be necessary or required for this purpose.
- c) I have read and understood the terms and conditions and are hereby approved and accepted and I am hereby authorized to accept such modifications therein as may be suggested by ICICI Bank Group.
- d) I \_\_\_\_\_, (Sole Proprietor of the firm) am authorized to operate on behalf of the firm through 'Corporate Internet Banking' service and 'Corporate Care Services' service (choose whichever is applicable), on the firm's accounts including by causing a debit balance in company's account(s) with ICICI Bank and/or continually operate the account(s) even when overdrawn, as per the access specifications authorized in the Corporate Internet Banking form & Corporate Care Services form.
- e) I agree that ICICI Bank be and is hereby authorized to accept all valid and legal instructions through the 'Corporate Internet Banking' service and through the 'Corporate Care Services' service (choose whichever is applicable), singly from me in respect of firm's account/s. The

firm does agree to hold ICICI Bank harmless and their interest protected on account of it executing such instructions by me in the manner provided.

**( CLAUSE 6,7,8 AND 9 TO BE ADDED ONLY IF APPLIED FOR DEBIT CARD)**

- f) I shall apply to ICICI Bank for the facility of Debit/ATM Card for purposes of the transactions to be made by the sole proprietorship with respect to the Account, and to singly operate the Account with the Debit/ATM Card; and do all such acts, deeds and things necessary, and to execute all such documents as are necessary, in connection therewith, and to operate the said proposed account in the name of the firm, using the aforesaid facilities, and to accept and adhere to all the terms and conditions as are necessary and comply with all other formalities as prescribed by ICICI Bank in this regard.
- g) The Debit/ATM Card issued to the sole proprietor shall have a Password allotted to it by ICICI Bank. The limit on withdrawals per Debit/ATM Card per day will be as specified by ICICI Bank from time to time.
- h) I hereby authorizes ICICI Bank to mail/ courier the Debit/ATM Card to my attention and the Password for the Debit/ATM card, to the address as registered with the Bank.
- i) I acknowledge and agree that inadequate protection of the Debit/ATM Card or any disclosure of the confidentiality of the Password is entirely at my risk, and all transactions conducted with use of the Password shall be to my sole liability and I shall not hold ICICI Bank liable for any unauthorized or fraudulent transactions done with the Debit/ATM Card allotted to me.

This authority shall continue to be in force until I revoke it by a notice in writing delivered to you.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

Signature:

Name(s)                      Signature in Individual Capacity & as Sole Proprietor

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