

## Please fill all the details in CAPITAL LETTERS and BLACK INK only. Field with \* (STAR) are MANDATORY

Customer Information Updation Form- Non-Individual and TASC customer
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* Customer ID:			* Account Number :				
Customer ID:			Account Number :	<u> </u>			
Current account Ex FCRA Account: Yes * Account Title / Name :	change Earner's Foreign Curre	-	CRA Utilization Accou	Saving Account: Yes	unt Others: No (Please ti		olicable box)
* Address:							
In case of any changes in a There is no change in a House No. :	address or contact details plea our mailing address Building Name:		<b>branch</b> sh to change our maili	ing address a	s below		
Building Level.:	Street No:		Street Name:				
Land		ocality:					
Mark : City:	State:		* PIN code :		Country	:	
* Tel No.: STD	(R)		(O) STD Code:		(Please specify i other than India)		
Mobile No. :		nail ID:		`,			
			ner Profile				
1. Education (For Individual / So	ole proprietor accounts only) •	nder Graduat		Post Graduate	Profession	als N	ot applicable
	mployed Salaried Retir		sewife Student	Farmer	Others	(Please spe	
3. Type of Profession (Self			Lawyer Architect	Consultan	t Engineer	Others	(Please specify)
4. Nature of Business:	Services Trading Mar	nufacturing	Agriculture Related	d Retaili	ng Stock B	roker	Real Estate
5. Annual Sales Turnover (	(in ₹):	o < 5 Cr	5Cr to < 25 Cr 25	Cr to < 100 C	2r > = 1000	Cr. No	t Applicable
		sespecify			<sup>#</sup> Code :		
				Grante			
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- 3. Identity proof of Authorised Signatory 1:
- 4. Identity proof of Authorised Signatory 2 :

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	0											
. Photograph & Identity p	proof of P	OA holder, i	f applica	ble :								
. List of Beneficiary own	ers :											
. Any other documents:												
<b>lote :</b> 1. The address on this . The submitted data is valid f <sup>#</sup> Code numbers to be viewed from	for all acco	unt numbers	held in yo	ur Customer I	lds. 4. There	is no cha	nge in constitu	ution docu	uments.			
(Applicable for A	OWN	ERSHIP A	ND CO	NTROL S	STRUCT	JRE IN	FORMATI	ON SH	IEET			
Account Title/Name :												
Name* (Mr./Mrs./Ms./Dr)												
Date of Birth: D D M			<b>∗</b> Na	tionality:								
Designation: Directors	Benefic	ial owner	Share	holder	Partner	Proprie	tor Trus	tee	Grantors	Settl	ors a	nd
peneficiaries of Trust	Karta	Communiti	es Memt	ers for Soc	iety/Club/	Associat	ion Join	t Accou	nt holders	Oth	ners	Pleasespe
Signatory Status:	Authorise	ed Signator	Y		Non Au	thorised	l Signatory					
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ype of Identity Proof :												
dentity Proof:								*	Gender :	Mal	le	Fema
ype of Address Proof :												
Address Proof Number :												
Communication Addre House Office/Shop No.):	SS		Prom	nises/Buildin	ng Name :							
loor No. :				eet No. :				Stree	et Name:			
andmark:						Loca	litv:					
City:						State:						
PIN code:		Country:					Mobile :+91					
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	(0)											
STD Code : /We have existing relation	nship with	n ICICI Bank	Yes	No (If yes			Customer ID/A	Ac No.)				
/We have existing relation	nship with	n ICICI Bank	Yes	No (If yes			Customer ID/A	Ac No.)				
		n ICICI Bank		No (If yes			Customer ID/A	Ac No.)				
/We have existing relation Name* (Mr./Mrs./Ms./Dr)	MY	ial owner	*Na	tionality:					Grantors	Settl	ors a	nd
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PAN :				DIN/DPIN	:									
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(House Office/Shop No.):			Prem	nises/Build	ing Na	ame :								
Floor No. :			Str	eet No. :						Stre	et Name:			
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* City:							State	:						
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(O) STD Code :	(0)					E-m	nail ID:							
I/We have existing relation	ship with	ICICI Bank	Yes	No (If y	es then	please p	orovide C	uston	ner ID/Ac N	lo.)				
DIN : Director Identification N	•	PIN : Designat							. , .					
4.Name*														
(Mr./Mrs./Ms./Dr)				41 114										
*Date of Birth: D D M *Designation: Directors	Beneficia	al owner		tionality:	Partr	ner 🗌	Proprie	etor	Trust	tee	Grantors		Settlors	and
		Communitie									unt holder			(Please specify)
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Type of Identity Proof :														
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I/We have existing relation	ship with	ICICI Bank	Yes	No (If y	es ther	n please	provide	Cust	omer ID/A	c No.)				
Customer Declaration : • I/We declare, confirm an														
to the Bank within two w. Please sign only if the p capture the image of my	eeks of suc	h a change / is unavailab	le : I / W nents/s a	Ve here by and use it fo	author or the p	rise ICI( urpose	CI Bank of Re-K	emp YC pr (/	loyee, Mr ocessing.	/Ms				
			٦)	o be fille	ed by	Bank	Officia	l)						
I confirm to have met Mr.,	/Mrs			(Please	speci	fy)				in	person at	his /	her resid	dence /office
Others	Please spe	ecify)	I	also confi	rm tha	t the fo	orm has	s bee	n signed	and fil	led by the	app	licant in	my presend
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DVU done by												Signa	ature of	Bank officia
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Name of Branch Official :														
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