

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 : | | | | |
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| 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: | | branch 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 | | | [#] Code : | | |
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| | | | | Grante | | | |
| 7. Source of Funds : Bu | siness Income Rental inco | ome Agr | | Grants D | onation Oth | ner | |
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| 8. Whether Exports Involved in : | siness Income Rental inco Imports IEC Code | ome Agr Value of Exp (₹. Lacs. pa) | ort : Valu | ie of Import : acs. pa) | onation Oth | ner | |
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- 3. Identity proof of Authorised Signatory 1:
- 4. Identity proof of Authorised Signatory 2 :

| Identity proof of Autho | rised Sidr | 1atorv < 1 | | | | | | | | | | |
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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: | | | | | | | | | | | | |
| lote : 1. The address on this . The submitted data is valid f [#] 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 | | | ∗ 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 | | | | | |
| PAN : | | | | DIN/DPIN: | | | | | | | | |
| 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 | | | | | |
| 0) | (0) | oounitry. | | | E n | nail ID: | No. | | | | | |
| | (0) | | | | | | | | | | | |
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| 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 |
| /We have existing relation Name * Mr./Mrs./Ms./Dr) Date of Birth: D D M Designation: Directors | M Y Benefic Karta | ial owner Communiti | ×Na Share es Memb | tionality: | ety/Club/ | e provide Proprie Associat | tor Trus | tee | Grantors | | | nd Please spe |
| We have existing relation Name * Mr./Mrs./Ms./Dr) Date of Birth: Designation: Directors Deneficiaries of Trust | Benefic Karta Authorise | ial owner Communitied Signatory | *Na Share es Memb | tionality: | Partner iety/Club/ / Non Au | e provide Proprie Associat thorised | tor Trus | tee t Accou | | | | |
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| Signatory Status: | Authorised Signatory | |
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| PAN : | | | | DIN/DPIN | : | | | | | | | | | |
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| Type of Identity Proof : | | | | | | | | | | | | | | |
| Identity Proof: Number | | | | | | | | | | · | *Gender: | | Male | Female |
| Type of Address Proof : | | | | | | | | | | | | | | |
| Address Proof Number : | | | | | | | | | | | | | | |
| * Communication Addre | SS | | | | | | | | | | | | | |
| (House Office/Shop No.): | | | Prem | nises/Build | ing Na | ame : | | | | | | | | |
| Floor No. : | | | Str | eet No. : | | | | | | Stre | et Name: | | | |
| Landmark: | | | | | | | Loc | ality: | | | | | | |
| * City: | | | | | | | State | : | | | | | | |
| PIN code: | | Country: | | | | | | Mob No. | oile : +91 | | | | | |
| (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) |
| Signatory Status: | Authorise | d Signatory | | | N | lon Au | thorise | d Sig | natory | | | | | |
| PAN : | | | | DIN/DPIN: | | | | | | | | | | |
| Type of Identity Proof : | | | | | | | | | | | | | | |
| Identity Proof: Number | | | | | | | | | | , | •Gender: | | Male | Female |
| Type of Address Proof : | | | | | | | | | | | | | | |
| Address Proof Number : | | | | | | | | | | | | | | |
| * Communication Addre | ISS | | | | | | | | | | | | | |
| * (House Office/Shop No.): | | | Prem | nises/Build | ing Na | ame : | | | | | | | | |
| Floor No. : | | | Str | eet No. : | | | | | | Stre | et Name: | | | |
| Landmark: | | | | | | | Loc | ality: | | | | | | |
| * City: | | | | | | | State | | | | | | | |
| | | Country | | | | | State | | oile : +91 | | | | | |
| PIN code: | | Country: | | | | | | No. | | | | | | |
| STD Code : | (0) | | | | | E-m | nail ID: | | | | | | | |
| 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 |
| Date : D D M M Y | | YEm | ployee l | Number : | | | | | | | | | | |
| DVU done by | | | | | | | | | | | | Signa | ature of | Bank officia |
| Employee Number : | | | Desi | gnation of | the B | ank Off | icial | | | Na | ame of Em | ploy | 'ee | |
| Date : D D M M Y | | Y DVU s | seal : | | | F | Place : | | | | | Sign | ature of | Bank officia |
| | | | Aak | nowledg | emor | nt to C | uetor | ler | | | | Jight | | |
| Customer Name | | | ACK | nowieug | emer | | uston | iei | | | | | | |
| Customer Name Date of Request Received | | | | | | | ervice F | 200U | et No | | | | | |
| · | | | | | | 36 | LI VICE F | eque | ST NU. | | | | | |
| Name of Branch Official : | | | | | | | | | | | | | | |
| Employee Number of Brar Branch Seal | 1ch Office | : | | | | | | | | Sig | nature | | | |