



Customer ID No.

Account Nos.

Application No.

Br. Code.

To be filled by Bank only

Account Opening Form (Individuals)

Branch: _____

Date:

DD MM Y Y Y Y

Please fill all the details in **CAPITAL LETTERS** Only. (✓) where applicable. Strike off or mark N/A any cages which are not applicable.

PERSONAL DETAILS

Existing Customer ID No.

Name of Main Applicant

(Rev/Dr/Mr/Mrs/Miss/Ms)

Name of Joint Applicant

(Rev/Dr/Mr/Mrs/Miss/Ms)

TYPE OF ACCOUNT

Local Rupee :

- Current Account Ordinary Savings Premier Savings Senior Savings Minor Savings

Foreign Currency :

- USD GBP EURO Others _____ (specify)
- Savings Current
- NRFC RFC RNNFC FCBU

TERM DEPOSITS

Currency : _____ Principal Amount : _____ Tenure of Deposit : _____

Interest payout At Maturity

(If deposit is for over one year) Monthly Quarterly Half Yearly Yearly

If interest payment periodically,

Please Credit interest to A/C No. _____ of _____ at ICICI Bank

Remit interest to A/C No. _____ of _____ at _____ Bank _____ Branch

Maturity Instructions

- Renew principal plus interest at maturity for _____ months at the rate of interest prevailing on the date of maturity.
- Renew principal only at maturity for _____ months at the rate of interest prevailing on the date of maturity and pay interest.
- Credit / Remit interest to A/C No. _____ at _____
- By Pay Order favouring _____
- Pay principal plus interest at maturity
- Credit / Remit to A/C No. _____ at _____
- By Pay Order favouring _____

MODE OF FUNDING

- Debit of my / our Account Number _____ with ICICI Bank
- Enclosed Cheque / Draft Number _____ Currency _____ Amount _____ Drawn on _____
- Remittance from _____ (Remitting Bank) _____ (Address)
- and Remittance reference No. _____ of _____ (Currency) _____ (Amount)
- Cash Deposit for Currency _____ Amount _____

SPECIAL INSTRUCTIONS

- Statement frequency Monthly Quarterly Half Yearly Yearly
- Statement dispatch By post By E-mail

NOMINATION

If you are a Sole Account Holder operating Savings and / or Time Deposit Account(s) with ICICI Bank, under Section 544(1) of the Civil Procedure Code (amendment) Act No. 14 of 1993, you could nominate a person to be the beneficiary of the balance in your account(s) in the case of your death.

Full Name(s) of Nominee(s) and NIC Number(s) (if available)	Address of Nominee(s)	Age	% of Share
1			
2			
3			
4			

I confirm having read and understood the terms and conditions applicable for nomination and agree that this nomination shall have effect on all my Savings/Term Deposit Accounts presently available and subsequently opened with ICICI Bank Limited.

Signed on this _____ day of _____ 20 ____

Signature of Account Holder

Witness to the signature and identity of the account holder

Signature of witness: _____

Full Name of witness: _____

Address: _____

DECLARATION

I / We have already established an account relationship with ICICI Bank and confirm that I / we have read a copy of general terms and conditions governing the Account (s). I / We also agree to be bound by the aforesaid terms and conditions, as may be amended from time to time, for the account (s) which I am now opening.

I / We further confirm that :

- () There have been no changes in the information / particulars that were furnished by me / us at the time of execution of my / our relationship form.
- () There have been certain changes in the information / particulars that were furnished by me / us at the time of executing my / our relationship form and I / we have already provided written notice to the Bank of the same.
- () There have been the following changes in the information / particulars that were furnished by me / us from the time of executing my / our relationship form.

Signature of Main Applicant

Signature of Joint Applicant

INTRODUCTION BY AN EXISTING ICICI BANK ACCOUNT HOLDER (only if introduction has not been provided in Relationship Form)

Introducer: (Rev/Dr/Mr/Mrs/Miss/Ms)

Customer ID: _____

Account No.: _____

I confirm the identity and address of the applicant(s). I have known the applicant(s) for the last _____ months / years.

Date:
D D M M Y Y Y Y

Signature of Introducer

Signature verified by Branch Official

INTERVIEW DETAILS

Relevant information: _____

Date:
D D M M Y Y Y Y

Signature of Interviewing Officer

FOR ICICI BANK USE ONLY

Documents completed and form submitted on _____
Account opening form scrutinized and found to be in order
Signature of Bank Officer: _____

Account opened by _____ Signature _____
Verified / Approved by _____ Signature _____
If rejected, reason for rejection _____