



Omniflow Ref.	<input type="text"/>
Customer ID	<input type="text"/>
Account Nos.	<input type="text"/>
	<input type="text"/>

DSA ID :	<input type="text"/>
Scheme Code	<input type="text"/>
	<input type="text"/>
Status Code	<input type="text"/>

Colombo Branch

Relationship Form (Individual / Joint Accounts)

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

Date:

D D M M Y Y Y Y

Type of Account

<input type="checkbox"/> Savings Account	<input type="checkbox"/> Current Account	<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> LKR	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR <input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Resident	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Minor	<input type="checkbox"/> Senior Citizen <input type="checkbox"/> Others (Specify) _____
<input type="checkbox"/> Personal Foreign Currency Account (PFCA)	<input type="checkbox"/> Capital Transaction Rupee Account (CTRA)		
<input type="checkbox"/> Business Foreign Currency Account (BFCA)	<input type="checkbox"/> Outward Investment Account (OIA)		
<input type="checkbox"/> Inward Investment Account (IIA)	<input type="checkbox"/> Others (Specify) _____		

Personal Information - Main Applicant

Full Name : (Rev./ Dr./ Mr./ Mrs./ Miss. / Ms.)

Maiden Name (If Applicable) / Other Names (if any)

Mother's Maiden Name :

Date of Birth

D D M M Y Y Y Y

Place of Birth _____

NIC No. (Compulsory for Sri Lankans)

PP/NDL No.

Date of Issue

D D M M Y Y Y Y

Permanent Address

Residential Address

Telephone No: Residence

Office / Business

Mobile

E-Mail Address _____

Occupation / Profession / Employment / Nature of Business

Position

Name and Address of Employer

Nationality Sri Lankan Foreign National Foreign National with Residence Visa

Visa Expiry Date

D D M M Y Y Y Y

Foreign Address (if Applicable)

Applicant's ownership of wealth: Estimated value

<input type="checkbox"/> Residential Property	<input type="checkbox"/> Business Premises	<input type="checkbox"/> Investments	<input type="checkbox"/> Employment / Professional Income
<input type="checkbox"/> Motor Vehicles	<input type="checkbox"/> Financial Assets	<input type="checkbox"/> Others (Specify) _____	

Source of wealth

<input type="checkbox"/> Inheritance	<input type="checkbox"/> Business ownership	<input type="checkbox"/> Profession / Employment	<input type="checkbox"/> Investments	<input type="checkbox"/> Others (Specify) _____
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Average monthly income in LKR

<input type="checkbox"/> Less than 25,000	<input type="checkbox"/> 25,000 to 50,000	<input type="checkbox"/> 50,000 to 100,000	<input type="checkbox"/> 100,000 to 200,000
<input type="checkbox"/> 200,000 to 300,000	<input type="checkbox"/> 300,000 to 500,000	<input type="checkbox"/> 500,000 to 1 Million	<input type="checkbox"/> Above 1 Million

Other Connected Businesses / Professional Activities & Interests

Personal Information - Joint Applicant

Full Name : (Rev./ Dr./ Mr./ Mrs./ Miss. / Ms.)

[Grid for Full Name]

Maiden Name (If Applicable) / Other Names (if any)

[Grid for Maiden Name / Other Names]

Mother's Maiden Name :

[Grid for Mother's Maiden Name]

Date of Birth [DD] [MM] [YYYY]

Place of Birth _____

NIC No. (Compulsory for Sri Lankans)

PP/NDL No.

Date of Issue [DD] [MM] [YYYY]

Permanent Address

[Grid for Permanent Address]

Residential Address

[Grid for Residential Address]

Telephone No: Residence

Office / Business

Mobile

[Grid for Telephone Numbers]

E-Mail Address _____

Occupation / Profession / Employment / Nature of Business

Position

[Grid for Occupation / Profession / Employment / Nature of Business]

Name and Address of Employer

[Grid for Name and Address of Employer]

Nationality

Sri Lankan

Foreign National

Foreign National with Residence Visa

Visa Expiry Date

[DD] [MM] [YYYY]

Foreign Address (if Applicable)

[Grid for Foreign Address]

Applicant's ownership of wealth : Estimated value _____

- Residential Property Business Premises Investments Employment / Professional Income
- Motor Vehicles Financial Assets Others (Specify) _____

Source of wealth

- Inheritance Business ownership Profession / Employment Investments Others (Specify) _____

Average monthly income in LKR

- Less than 25,000 25,000 to 50,000 50,000 to 100,000 100,000 to 200,000
- 200,000 to 300,000 300,000 to 500,000 500,000 to 1 Million Above 1 Million

Other Connected Businesses / Professional Activities & Interests

Mode of Funding

Initial Deposit : _____

Current Account : _____ Savings Account _____ Fixed Deposit _____

Enclosed Cheque / Draft Number _____ Currency _____ Amount _____ Drawn on _____

Enclosed request letter to transfer funds from Account No. _____ at ICICI Bank, Colombo Branch.

Cash Deposit for Currency _____ Amount _____ on _____

Other Information

Purpose of opening the account & usage

<input type="checkbox"/> Business Transactions	<input type="checkbox"/> Employment / Professional income	<input type="checkbox"/> Loan Repayment
<input type="checkbox"/> Family Inward Remittances	<input type="checkbox"/> Savings / Investments	<input type="checkbox"/> Outward Salary Remittance
<input type="checkbox"/> Utility Bill Payments	<input type="checkbox"/> Share Transactions	<input type="checkbox"/> Others (Specify) _____

Source of funds : Expected source and nature of funds

<input type="checkbox"/> Sales and Business turnover	<input type="checkbox"/> Salary / Profit income	<input type="checkbox"/> Sale of Property / Assets
<input type="checkbox"/> Family Remittances	<input type="checkbox"/> Commission Income	<input type="checkbox"/> Donations / Charity (Local / Foreign)
<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Contract Proceeds	<input type="checkbox"/> Others (Specify) _____

Anticipated Volumes : Expected / Usual average of deposits into the account per month in LKR

<input type="checkbox"/> Less than 100,000	<input type="checkbox"/> From 100,000 up to 500,000	<input type="checkbox"/> From 500,000 up to 1 Million
<input type="checkbox"/> From 1 Million up to 5 Million	<input type="checkbox"/> From 5 Million up to 10 Million	<input type="checkbox"/> Above 10 Million

Are you or any member of your immediate family a Politically Exposed Person? (PEP)

Main Applicant Yes No Joint Applicant Yes No

If "Yes" please mention the relationship

Other details / Remarks / Notes (if any)

Declaration of multiple accounts :

Do you maintain any other account / s with ICICI Bank - if yes, please provide the following details.

Account Number	Account Type
1.	
2.	

Special Instructions

Statement dispatch method

Physical Statement By E-mail *

* (If you select this option the Bank will send your account statement to the registered E-mail address of the main applicant. Hard copy of your account statement will be issued once a year)

Statement frequency

Daily Monthly Quarterly Half Yearly Yearly

Correspondence Address

Permanent Residential Office Other (Specify) _____

Company Name (If Applicable)	<input style="width: 100%;" type="text"/>
Number/Street	<input style="width: 100%;" type="text"/>
City	<input style="width: 100%;" type="text"/>
Country	<input style="width: 100%;" type="text"/>

SMS Alerts Activation

Do you wish to avail SMS notification facility for the transactions of LKR 5,000/- and above?

Yes
 No

Mobile Number: 0094

Indemnity relating to instructions given by Fax, Telephone and forms of Electronic Communication

**ICICI Bank Limited
Sri Lanka Branch**

Notwithstanding anything to the contrary contained in any other document/agreement, I/We, the undersigned, hereby request and authorise you to act and rely on any instructions or communications for any purpose (including but not limited to the instructions/communications pertaining to the operation of all my/our accounts or to any other facilities or services that may be provided by you from time to time) which may from time to time be or purport to be given by telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication by me/us (including such instructions/communications as may be or purported to be given by those authorised to operate my/our account(s) with you) ("Instructions")

I/We understand and acknowledge that there are risks involved in sending the instructions to you via telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication and hereby agree and confirm that all risks shall be fully borne by me/us and I/We assume jointly and severally full responsibility for the same, and you will not be liable for any losses or damages arising upon your acting, or your failure to act, wholly or in part in accordance with the instructions. I/We undertake to confirm my/our telephonic instructions by email/fax immediately after having given such instructions and in any event within 24 hours, failing which you will be entitled (but not obliged) to reverse or not to act on my/our telephonic instructions.

In consideration of you agreeing, subject to the terms and conditions hereunder, to act upon the instructions as aforesaid, I/We (jointly/severally) hereby irrevocably and unconditionally agree and undertake:

- a) that you shall be entitled to act or refuse to act as you see fit, without incurring any liability whatsoever to me/us to any other person, upon any instructions for any purpose which may from time to time be or purport to be given by electronic, as you may deem fit, and your record shall be conclusive and binding on me/us. You shall be entitled to dispose of or destroy any such records at any time as determined by you at your sole discretion; Or communications are not followed up by written confirmation to you;
- b) that you are not required to verify the identity of the person giving instructions or make any independent investigation of the authority given to such person, or to verify the genuineness of any signature(s) which in your opinion appears to be my/our signature(s) or that of any person authorized by me/us to operate my/our account(s) with you;
- c) not to make any claim against you by reason of or on account of you having so acted or you having acted wrongly or mistakenly or of your failure to act wholly or in part in accordance with the instructions;
- d) that you shall be entitled (but not obliged) to keep records of our instructions given or made by telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication in such form, physical or electronic, as you may deem fit, and your record shall be conclusive and binding on me/us. You shall be entitled to dispose of or destroy any such records at any time as determined by you at your sole discretion;
- e) that you shall be entitled to require any instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and I/We shall ensure the secrecy and security of such password, code or test and I/We shall be solely responsible for any improper use of the same;
- f) that notwithstanding the above, you may, under circumstances determined by you in your discretion; require from me/us confirmation of any instructions in such forms as you may specify before acting on the same; and
- g) I/We (jointly and severally) shall indemnify you and keep you indemnified from and against all claims either by me/us or any other actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) and howsoever arising which may be brought or preferred against you or that you may suffer, incur or sustain by reason of or on account of your having so acted whether wrongly or mistakenly or not, or of your failing to act wholly or in part in accordance with the instructions and the terms of this letter.
- h) That this letter shall be governed and construed in accordance with the laws of Sri Lanka and I/We hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Sri Lanka in the event of any dispute hereunder.

Declaration

I/We do hereby declare that information furnished in this form is true to the best of my/our knowledge and belief.

I/We hereby authorize issuance of ATM/Debit Card and provision of Internet Banking service. I/We affirm, confirm and undertake that I/We have read and understood the Terms and Conditions for usage of the ATM/Debit Card and Internet Banking service of ICICI Bank Limited, and that I/We will adhere to all the terms/Conditions applicable.

I/We declare, confirm, and agree:

- a) 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 Limited/Its Group Companies may require.
- b) That I/We have had no insolvency proceedings initiated against me/us nor have I/We ever been adjudicated insolvent.
- c) That I/We have read the application form and brochures and am/are aware of all the Terms and Conditions of availing finance or service or products from ICICI Bank and its Group Companies and/or its and ICICI Bank.
- d) I/We agree and understand that ICICI Bank Limited/Group Companies reserve the right to reject any application with out providing any reason. I/We agree and understand that ICICI Bank Limited/Its Group Companies reserve the right to retain the application forms, and the documents provided there with, including photograph, and will not return the same to me/us.

I/We agree/undertake and authorise:

- a) ICICI Bank /Its Group Companies or their agents to make references and enquiries which ICICI Bank Limited/Its Group Companies consider necessary in respect of or in relation to information in this application/further applications.
- b) To inform ICICI Bank and its Group Companies regarding change in my /our residence/employment and to provide any further information that ICICI Bank and its Group Companies may require from time to time
- c) ICICI Bank Ltd/its Group Companies to exchange, share or part with all the information, data or documents relating to my/our application to other ICICI Group Companies /Banks/ Financial institutions/Credit Bureaus/ Agencies /Statutory Bodies/ such other persons as ICICI Bank Ltd / its Group Companies may deem necessary or appropriate as may be required for use or processing of the said information/data by such person/s or furnishing of the processed information/data/products thereof to other Banks/Financial Institutions/credit providers/users registered with such persons and shall not hold ICICI Bank Ltd/its Group companies liable for use of this information.

I/We agree and understand that I/We have to complete further applications for specific liability products/services from ICICI Bank Ltd/its Group companies, as prescribed from time to time, and that such further applications shall be regarded as an integral part of this application(vice versa),and that unless otherwise disclosed in such further forms as prescribed, the particulars and information set forth herein as well as the documents referred or provided herewith are true, correct, complete and upto-date in all respects. /We agree and understand that such further applications will require incorporation of the application form number, and/or such details as ICICI Bank may prescribe, to facilitate data management.

I/We authorise ICICI Bank Ltd. to issue an ICICI Bank Debit cum ATM Card to me/us. I/We acknowledge that the issue and usage of the debit cum ATM card is governed by the terms and conditions as in force from time to time and agree to be bound by the same. I/We accept that the terms and conditions of Debit cum ATM Card are liable to be amended by ICICI Bank Ltd from time to time.

I/We further unconditionally and irrevocably authorise ICICI Bank Ltd to debit my/our Account annually with an amount equivalent to the fee and charges for use of the Debit card. I/We hereby confirm that this account will be operated singly and in case of joint account operated by either or survivor.

I/We, the joint holder/s, hereby authorise the first holder, to access the Internet Banking Channels as provided for viewing of and transaction from the Account and the First holder confirms the said appointment. I/We, the joint holder/s, hereby state that should I/We, joint holder/s, wish to revoke the above authorisation, I/We, joint holder/s, and shall duly issue a letter of revocation ("the revocation letter") to ICICI Bank in this regard. I/We hereby agree that until ten days after receipt of such revocation letter the authorisation as afore stated shall hold good.

Signature of Main Applicant

Signature of Joint Applicant

Declaration by the Applicant/s for Electronic Fund Transfer Cards (EFTC)

To: Director – Department of Foreign Exchange

Debit Card No of the Basic Card Holder:

4	2	1	6																
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(To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card)

I/We.....(Basic Cardholder,).....(Supplementary Cardholder) declare that all details given above by me/us on this form are true and correct.

I/We hereby confirm that I/We am/are aware of the conditions imposed under the provision of the Foreign Exchange Act, No. 12 of 2017 (the Act) on Electronic Fund Transfer Cards (EFTCs) subject to which the card may be used for transactions in foreign exchange and I/We hereby undertake to abide by the said conditions.

I/We further agree to provide any information on transactions carried out by me/us in foreign exchange on the card issued to me/us as ICICI Bank Limited may require for the purpose of the Act.

I/We am/are aware that the Authorized Dealer (bank) is required to suspend availability of foreign exchange on EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me/us and to report the matter to the Director – Department of Foreign Exchange.

I/We also affirm that I/We undertake to surrender the EFTC/s to ICICI Bank Limited, if I/We migrate or leave Sri Lanka for employment abroad, as applicable.

.....
Signature of the Basic Cardholder

.....
Signature of the Supplementary Cardholder

Date:

I, as the Authorized Officer have carefully examined the information together with relevant documents given up the applicant/s and satisfied with the bona-fied of these information and documents. I undertake to exercise due diligence on the transactions carried out by the cardholder on his/her EFTC in foreign exchange and to suspend the availability of foreign exchange on the EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring the matter to the notice of the Director – Department of Foreign Exchange.

Date:

.....
Signature of the Authorized Officer

Permanent Account Number (PAN) Declaration (For Indians Only)

I/we Confirm that _____ hold/do not hold a Permanent Account Number (PAN) Issued by Indian taxation authorities in my/our name/ name of entity or in the name of any other office located in India

My/our PAN is _____ (if applicable)

Signature of Main Applicant

Signature of Joint Applicant

Mandatory Checks - Proof of Identity / Address

Identity Verification: (Name, Date of Birth, Nationality and Correspondence Address should be supported with one of the following documents)

- National Identity Card (NIC)
- Passport (PP)
- Driving Licence (DL)

Correspondence Address verification :

- Copy of latest Utility Bill (Electricity / Water / Land Phone)
- Latest Bank Account statement / Credit Card statement
- Original letter from employer stating the current correspondence address
- Latest premium receipt from any life insurance company
- A letter from the "Grama Niladari" (vilage extention of ficer),countersigned by the divisional secretary
- For students living in hostels - A letter confirming the same by the head of institution / warden

For joint accounts, the above documents are required for both, main applicant as well as the joint applicant (s), unless the joint applicant (s) is / are the spouse or a blood relative (s) of the main applicant. (Blood relative is defined as parents, children and siblings and a supporting document, such as copy of Birth Certificate / Marriage Certificate is required to establish the relationship

Interview Details

I hereby confirm that I have met Mr. / Mrs. / Ms. _____ and Mr. / Mrs. / Ms. _____ (in case of joint accounts) in person at ICICI Bank _____ branch / residence of the applicant (s) / office of the applicant (s) and hereby confirm that the IKIT has been delivered in person. I further confirm that all the supporting documents in this application have been verified with the originals.

Details of the outcome of the interview - (Such as the reason for opening the account, usage, expected volumes etc.)

Date : _____

Name / Designation of the interviewing officer

Signature

For ICICI Bank use only

Please affix acknowledgment for
Welcome KIT received from account holder

Other relevant information

Signature of RM / BOM / BM : _____

Documents completed and form submitted on _____

Account opening form scrutinized and found to be in order

Signature of Bank Officer : _____