



Customer ID No.

Account Nos.

DSA ID :

Scheme Code

Status Code

Branch : _____

Relationship Form (Individual / Joint Accounts)

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

Date:

Type of Account

Local Rupee :

<input type="checkbox"/> Current Account	<input type="checkbox"/> SIERA	<input type="checkbox"/> Remittance Card
<input type="checkbox"/> Ordinary Savings	<input type="checkbox"/> Premier Savings	<input type="checkbox"/> Senior Savings
<input type="checkbox"/> Fixed Deposit	<input type="checkbox"/> Treasury Investment	<input type="checkbox"/> Minor Savings
<input type="checkbox"/> SAVINGS	<input type="checkbox"/> USD	<input type="checkbox"/> GBP
<input type="checkbox"/> NRFC	<input type="checkbox"/> Current	<input type="checkbox"/> EURO
	<input type="checkbox"/> RFC	<input type="checkbox"/> Fixed Deposit
		<input type="checkbox"/> RNNFC
		<input type="checkbox"/> RGFC
		<input type="checkbox"/> FCBU

Personal Information - Main Applicant

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

Name (s) denoted by initials :

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

Account Name / Name to appear in Correspondence

Mother's Maiden Name :

Date of Birth

Permanent Address

Telephone No: Residence Office / Business Mobile Fax

E-Mail Address

Occupation / Profession / Employment / Nature of Business Position Held

Name and Address of Employer

Citizenship Sri Lankan Sri Lankan with Foreign Citizenship Foreign National

Type of Visa Expiry Date

Foreign Address (if Applicable)

Applicants ownership of wealth Residential Property Business Premises Investments

Motor Vehicles Financial Assets Others (Specify)

Estimated Value :

Source of wealth Inheritance Business ownership Profession / Employment Investments

Level of 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 business / Professional Activities & Interests

Personal Information - Joint Applicant

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

Name (s) denoted by initials :

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

Mother's Maiden Name :

Date of Birth

DD MM YYYY

Place of Birth

NIC / PP / NDL No

Date of Issue

DD MM YYYY

Permanent Address

Telephone No: Residence

Office / Business

Mobile

Fax

E-Mail Address

Occupation / Profession / Employment / Nature of Business

Position Held

Name and Address of Employer

Citizenship

Sri Lankan

Sri Lankan with Foreign Citizenship

Foreign National

Type of Visa

Expiry Date

DD MM YYYY

Foreign Address (if Applicable)

Applicants ownership of wealth

Residential Property

Business Premises

Investments

Motor Vehicles

Financial Assets

Others (Specify) _____

Estimated Value :

Source of wealth

Inheritance

Business ownership

Profession / Employment

Investments

Others (Specify)

Level of 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 business / 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. _____ of _____ at ICICI Bank

Remittance from _____ (Remitting Bank) _____ (Address)

and remittance reference No. _____ of _____ (Currency) _____ (Amount)

Cash Deposit for Currency _____ Amount _____

Special Instructions

Statement despatch method

Physical Statement

By E-mail *

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

Physical statement frequency

Monthly

Quarterly

Yearly

Correspondance Address

Permanent

Office

Others (Specify)

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 favoring _____
- Pay principal plus interest at maturity
- Credit / Remit to A/C No. _____ at _____
- By Pay Order favoring _____

Other Information

Purpose of opening the account & the 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 Payment | <input type="checkbox"/> Share Transactions | <input type="checkbox"/> Others (Specify) _____ |

Source of funds : Expected source and nature of credits into the account

- | | | |
|--|---|--|
| <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 / Charities (Local / Foreign) |
| <input type="checkbox"/> Investment Proceeds | <input type="checkbox"/> Contract Proceeds | <input type="checkbox"/> Others (Specify) _____ |

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

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

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

Main Applicant Yes No
Joint Applicant Yes No

If "Yes" please specify

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
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1

2

3

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 balances 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)	Relationship to the main applicant	Date of Birth	% 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. Unless otherwise instructed.

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 : _____

Account Introduction

I am pleased to introduce the above applicant / s to ICICI Bank for the purpose of commencing an account relationship. I confirm the identity and the address of the applicant / s and that I have known the applicant / s for the last _____ months / years.

Name of the Introducer

Customer ID Account Number

Date _____
_____ Signature of introducer
_____ Signature verified by Branch Official

Operating Instructions

Signature requirement : Singly Either of us Both of us Other _____ (specify)

Signature of Main applicant

Signature of Joint applicant

Name : _____

Name : _____

 Signature of Bank official
 in whose presence signed

 Signature of Bank official
 in whose presence signed

Date :
D D M M Y Y Y Y

Date :
D D M M Y Y Y Y

Mandatory Checks - Proof of Identity / Address

Identity Verification: (Name / Date of Birth and Nationality should be supported with one of the following accepted 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 officer) , countersigned by the divisional secretary.
- For students studding in institution hostels a letter confirming the same from the Principal / 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.

Any other relevant information

Date : _____

Name 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 BM / BOM / ASM : _____

Documents completed and form submitted on _____

Account opening form scrutinized and found to be in order

Signature of Bank Officer : _____

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 purport 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 telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication by me/us (including such instructions as may be or purport to be given by those authorized to operate my/our account(s) with you), even if such instructions 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 have read, understood and hereby agree to the Terms and conditions as applicable to my / our account (s).

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 being 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 ICICBank 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 (EFTS)

To : The Controller of Exchange

Annexure I

(To be filled by the applicant / s to obtain foreign exchange against Credit / Debit or any other Electronic Fund Transfer Card)

I/We (Primary Card Holder),

..... (Supplementary / Joint Card Holder) declare that all details given by me /

I/We hereby confirm that I / we am / are aware of the conditions imposed under the Exchange Control Act in the Notice published in the Extraordinary Gazette No. 1411/5 of 19th September 2005 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 to ICICI Bank on transactions carried out by me / us in foreign exchange on the card issued to me / us, as the Bank may require such information for purpose of Exchange Control reporting.

I/We am / are aware that the Bank is required to suspend availability of foreign exchange on EFTC on reasonable grounds to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me / us.

.....
Primary Card Holder

.....
Supplementary / Joint Card Holder

Card No / S:

Date :

..... To be filled by the Bank only
I as an authorized officer of ICICI Bank Colombo Branch, have carefully examined the information together with relevant documents produced by the applicant / s and satisfied with the bona-fide of the same. 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 the unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring such matter to the notice of the Controller of Exchange.

Date :

.....
Authorized Officer