

Visa Number:

Visa Country of Issue:

Visa Expiry Date:

I hereby confirm that ☐ I hold / ☐ do not hold a Permanent Account Number (PAN) issued by Indian taxation authorities in my name in India.

*PAN No.:

CKYC No.:

* Form 60 (to be filled in by those who do not have PAN)

Are you a Tax Assessee: ☐ Yes / ☐ No. If yes, details of Ward/ Circle/ Range where the last return of income was filed:

Reason for not having PAN:

*(if selection is PIO or OCI above) Declaration from Person of Indian Origin (PIO)/Overseas Citizen of India (OCI):

I hereby declare that I am a person of Indian Origin/Overseas citizen of india and I satisfy one of the following conditions. (Please tick applicable choice)

☐ I held an Indian passport in the past

☐ My father/ mother/ grandfather/ grandmother (name)

is/ was a citizen of India by virtue of the Constitution of India or the Citizenship Act, 1955.

☐ I am the spouse of an Indian citizen or the spouse of person who held an Indian passport in the past

☐ The father/ mother/ grandfather/ grandmother (name)

of my spouse is/ was a citizen of India by virtue of the

Constitution of India or the Citizenship Act, 1955.

☐ I am an Overseas Citizen of India cardholder within the meaning of Section 7(A) of the Citizenship Act, 1955.

☐ I further confirm that I am not or have never been a citizen of *Pakistan, Bangladesh **and** Afghanistan or such other country as the Government of India may, by notification in the Official Gazette, specify.

4) CURRENT OVERSEAS RESIDENTIAL ADDRESS

Document Type: _____ Document Number: Document Expiry Date

House No.: _____ Building Level/Floor: _____

Premise/ Building Name: _____ Street No.: _____ Street Name: _____

Landmark: _____ Locality: _____ * City _____

State: _____ *Country: _____ *Postal ZIP Code:

*Mobile No: Country code Number

☐ I confirm having checked my Mobile No. & understand that SMS alerts (if any) will be sent on the above Mobile No

PERMANENT ADDRESS

It is mandatory to provide your permanent address, however if it is same as current address, please tick here ☐

Document Type: _____ Document Number: Document Expiry Date

House No.: _____ Building Level/Floor: _____

Premise/ Building Name: _____ Street Name: _____ Street No: _____

Landmark: _____ Locality: _____ * City _____

State: _____ *Country: _____ *Postal ZIP Code:

* Mailing address: ☐ Current Residential Address / ☐ Permanent Address (proof is mandatory for the option ticked here)

Please note that all communication will be sent to the mailing address.

5) Frequency of Bank Statement EMAIL- ☐ Monthly (Free) (If transaction is not available for a particular month, no email will be sent for that month)

6) Client Classification (Please tick as applicable)*

☐ Retail ☐ Professional ☐ Market Participant (In case there is no selection you will be classified as a Retail customer)

(In case client has chosen to be classified as "Professional", please provide Annexure A)

(*the terms as defined in IFSCA Banking Handbook: Conduct of Business Directions, as may be further updated from time to time)

7) Primary Applicant's education & employment information* (For Minor/ House maker, provide details of guardian/ spouse):

*Education: ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional

*Occupation: ☐ Employed ☐ Self-Employed ☐ Student ☐ Retired ☐ Unemployed ☐ Housewife
☐ Others(Please specify): _____

*Type of Business: ☐ Proprietorship ☐ Partnership ☐ LLP ☐ LLC ☐ Private Ltd. Company
☐ Public Company(Listed) ☐ Public Company(unlisted) ☐ Trust / Association Society
☐ Charitable Organization ☐ Government /Ministry
☐ Others*(Please specify): _____

*Nature of Business: ☐ Agriculture/Fishing/Mining ☐ Manufacturing ☐ Charity ☐ Building Construction ☐ Financial Institution
☐ Commerce (Export/Import/Trading) ☐ Transportation/Communication ☐ Professional ☐ Service
☐ Trust/Nominee and Fiduciary Service ☐ Money changer/Remitter ☐ Casino and Gaming Real ☐ Estate Agent/Broker
☐ Others (Please specify): _____

*Business/Employer's Name: - _____

* Personal yearly gross income/ profit from business/ profession: ☐ Below USD 50,000 ☐ USD 50,000 - 250,000 ☐ USD 250,000 - 500,000
☐ USD 500,000 – 750,000 ☐ Above 750,000

*Net Worth (USD) : ☐ <500,000; ☐ 500,001 – 1,000,000; ☐ 1,000,001 – 20,000,000 ☐ > 20,000,000

*Source of funds: ☐ Salary ☐ Business Income ☐ Proceeds of Investments ☐ Agriculture
☐ Personal Saving ☐ Inheritance ☐ Gifts received from family
☐ Others (Please specify): _____

Purpose of opening account: ☐ Savings ☐ Investments ☐ Remittances ☐ Others (Please specify): _____

8) Additional information:

- ☐ I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/We undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.
- ☐ I/We hereby consent to receiving information from Central KYC Registry through SMS/ Email on the above registered number/ email address.
- Are you a national and/ or a resident (with either permanent or temporary address) in a Sanctioned country? ☐ Yes / ☐ No
- Is the customer/ individual funding the account/ trade products/ services, remitting/ receiving any money to or from a Sanctioned country? (Directly or via third party) ☐ Yes / ☐ No
- "Politically Exposed Person" means the individuals who are or have been entrusted with prominent public functions by any country, which shall include Heads of State or of government, senior politicians, senior government, judicial or military officials, senior executives of state-owned corporations, important political party officials or International Organisation Politically Exposed Person. Explanation: The definition of Politically Exposed Person is not intended to cover middle ranking or more junior individuals in the definition.

I/We _____ do hereby declare that what is stated is true to the best of my/ our knowledge and belief.

I/We confirm that I/We have received and read a copy of ICICI Bank-IBU-GIFT City's General Terms and Conditions governing account(s) and secured facilities on the ICICI Bank-IBU-GIFT City's website at www.giftcity.icicibank.com/giftcity/personal-banking/non-indian-residents/savings-account. I/We also agree to be bound by the aforesaid terms and conditions, as may be amended from time to time ("Terms and Conditions"), for my/ our relationship with the ICICI Bank-IBU-GIFT City. I/We also acknowledge and understand that all the capitalized terms used but not defined herein shall have the respective meanings assigned to them under the Terms and Conditions. I/We hereby specifically agree and confirm that the ICICI Bank- IBU-GIFT City shall be entitled to disclose and/ or procure information pertaining to me/ us as provided in the Terms and Conditions.

Primary Applicant	Joint Applicant 1	Joint Applicant 2
(Affix Photograph)	(Affix Photograph)	(Affix Photograph)
Sign	Sign	Sign
Place	Place	Place
Date	Date	Date

For ICICI bank use only (KYC Certification by Bank employee (only for face to face Account Opening))

I have met Mr. /Ms. _____, Mr. /Ms. _____ (in case of a joint account) and basis declaration, customer has confirmed the identity filled in the Account Opening form, which has been filled in my presence, and I have verified with the authenticity of documents. I have understood the documents and certify that the documents convey compliance with Bank's KYC guidelines.

*I hereby confirm that I have met the above-mentioned client and offered him/her the above-mentioned products and services when he/she was in _____ (name of the country outside the present country of residence). I confirm that I have not solicited the client in his country of residence in respect of any product that is not permitted in that country.

Mode of contact (Please tick as applicable) ☐ Branch visitor ☐ Walk-in-interview ☐ Meeting outside when customer was in _____ (Place) _____ (Country) _____. Date and time of branch visit / phone call _____ Hrs. _____ Min.

(* Applicable if this form is being filled outside the country of residence. Attach copies of email (if applicable) to be signed by the employee who has met the customer and verified the original documents)

☐ I have checked the documents from the existing ICICI Bank Ltd, India account of the customer and found it to be KYC compliant.

Emp. Signature: _____ Emp. Name: _____

Emp. ID: _____

Date: _____ Place: _____

In capacity of: ☐ RM ☐ Bank Employee

(To be signed by the employee who has met the customer and verified the original documents)

<p>*(To be filled and signed by the RM)</p> <p>Details of the Relationship Manager of the customer:</p> <p>RM Signature: _____</p> <p>RM Name: _____</p> <p>RM Employee ID: _____</p> <p>Date: _____</p> <p>Place: _____</p> <p>*In case RM has done KYC certification this is not required to be filed/signed</p>	<p>(To be signed by the employee who is authorizing the account opening)</p> <p>Account opening form checked and verified by: _____</p> <p>Employee No.: _____</p> <p>Signature of Employee: _____</p>
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9) NOMINATION FORM (Form DA1) (Nominee should not be any of the applicants)

Nomination Required: ☐ Yes/ ☐ No

☐ I/We have been explained about the benefits of Nomination facility. However I/We would like to inform you that I/We do not wish to provide Nomination for the account.

Signature of Applicant _____ (Please sign only if Nomination is not required)

Nomination under Section 45ZA of the Banking Regulation Act 1949, and rule 2 (1) of the Banking Companies (Nomination) Rules 1985, with respect of bank deposits.

I/We, _____ (Name(s) address(es) of the depositors) nominate the following person to whom in the event of my/ our/ minor's death the amount of the deposit, particulars whereof are given below, may be returned by ICICI Bank-IBU, GIFT CITY

*Nominee Name: ☐ Mr. ☐ Ms. ☐ Dr. _____
(Same as Passport) First Name Middle Name Last Name

*Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 Age: _____ Relationship with Applicant: _____

House No.: _____ Building Level/Floor: _____

Premise/ Building Name: _____ Street No.: _____ Street Name: _____

Landmark: _____ City: _____ State: _____

*Postal ZIP Code:

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 Tele No: _____

*Country: (Please Specify): _____

Mobile No: _____ Email ID: _____

#As the nominee is minor on this date, I/We appoint _____ (Name & Age)

to receive the amount of the deposit on behalf of the nominee in event of my/our/minor's death during the minority of the nominee

Guardian Detail (Mandatory for minor nominee)

#Date of Birth:

D	D	M	M	Y	Y	Y	Y
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 Age: _____ Relationship with Nominee: _____

House No.: _____ Building Level/Floor: _____

Premise/ Building Name: _____ Street No.: _____ Street Name: _____

Landmark: _____ City: _____ State: _____

Postal ZIP Code:

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 Tele No: _____

Country: (Please Specify): _____

Mobile No: _____ Email ID: _____

WITNESS: (only in case of Thumb Impressions)

Name of Witness 1: _____

Name of Witness 2: _____

Address: _____

Address: _____

Signature: _____

Signature: _____

Place: _____

Place: _____

Date:

D	D	M	M	Y	Y	Y	Y
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Date:

D	D	M	M	Y	Y	Y	Y
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Signature/Thumb Impression of Primary Applicant	**Signature/**Thumb Impression of Joint Applicant 1	**Signature/**Thumb Impression of Joint Applicant 2
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#Leave out if nominee is not a minor. **Where the deposit is made in the name of a minor, the nomination should be signed by a person lawfully entitled to act on behalf of the minor, ***Thumb witnesses shall be attested by two witnesses. If witnessed by an employee of ICICI bank, provide employee number and office address along with the official stamp. Nomination can be made in favour of only one individual. Note – **** Account holder/s cannot be guardian, if the nominee is minor.

10) FATCA/CRS Declaration Form

To: ICICI Bank Limited, IBU GIFT City Branch

Part I- Please fill in the country for each of the following:				
		Primary Applicant	Joint Applicant 1	Joint Applicant 2
	Country of:			
a)	Birth			
b)	Citizenship			
c)	Residence for tax purpose			
	Foreign Indicia	(<input type="checkbox"/> Yes / <input type="checkbox"/> No)	(<input type="checkbox"/> Yes / <input type="checkbox"/> No)	(<input type="checkbox"/> Yes / <input type="checkbox"/> No)
	US person	(<input type="checkbox"/> Yes / <input type="checkbox"/> No)	(<input type="checkbox"/> Yes / <input type="checkbox"/> No)	(<input type="checkbox"/> Yes / <input type="checkbox"/> No)
Part II- Please note:				
a) If in all fields above, the country mentioned by you is India and if you do not have US person status, please proceed to Part III for signature.				
b) If for any of the above field, the country mentioned by you has any country other than India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or functional equivalent as issued in the specific country in the table below:				
i)	TIN or FE Number & Name			
	Country of Issue			

US person means - a citizen or resident of the US or a green card holder or an estate of a decedent who was a citizen or resident of US
In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available provide reasons for not having relinquishment certificate. Please also fill Part III Self-Certification.

Reason/s for not having relinquishment certificate	Primary Applicant	Joint Applicant 1	Joint Applicant 2

Part III- Self-Certification: To be filled only if

- a) Any of the indicia parameters is outside India and TIN or functional equivalent (as defined hereinafter) is not available since the applicant is not a resident for tax purpose outside India, or
b) Country of Birth is US and US Person is mentioned as "No" in Part I
☐ I/We confirm that I/We am/are not a US Person and not a resident for tax purpose of US though my/our Country of Birth is US. Therefore, I/We am/are providing the following document as proof of my/our citizenship and residency in Country other than US.
☐ I/We confirm that I/We am/are not a resident for tax purpose of any country other than India and US though one or more parameters suggest my/our relation with the country outside India. Therefore, I/We am/are providing the following document as proof of my/our citizenship and/or residency in India.

Customer Declaration (Applicable for all customers)

- Under penalty of perjury, I/We certify that:
 - The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)
 - or
 - The applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax resident outside of India).
 - I/We understand that the Bank is relying on this information for the purpose of determining my/our status in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. I/We shall seek advice from professional tax advisor for any tax questions.
 - I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.
 - I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report reportable details to CBDT (Central Board of Direct Taxes) or close or suspend my/our account.
 - I/We certify that I/We have provided the information on this form to the best of my/our knowledge and belief and the certification is true, correct, and complete including the taxpayer identification number / Functional equivalent number of the applicant. I/We am/are further aware that as per the Union Budget, 2023 a penalty equivalent to Rs. 5,000 per account holder shall be levied for furnishing inaccurate statement of financial transaction owing to false or inaccurate self-certification submitted by me/us under FATCA/CRS.

Functional Equivalent of TIN includes the following:

A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.

Primary Applicant Sign

Joint Applicant 1 Sign

Joint Application 2 Sign

11) Declaration cum Omnibus Indemnity relating to instructions given by fax, telephone, E-mail and other forms of electronic communication

To
ICICI Bank Limited,
IFSC Banking Unit (IBU) - GIFT City, Gandhinagar, Gujarat, India

Notwithstanding anything to the contrary contained in any other document/agreement, I/We, the undersigned, hereby request and authorize you to act and rely on any Instructions (as defined hereinafter) or communications given by me/us for all purposes. I/We understand and acknowledge the risks involved in sending the Instructions to you via telephone, e-mail, fax or any other form of electronic communication and hereby agree that all risks shall be fully borne by me/us 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. In consideration of you agreeing, subject to the terms and conditions hereunder, to act upon the Instructions, I/We hereby irrevocably agree and undertake:

- a) That I/We have the power and capacity (including legal capacity) to execute this declaration cum indemnity document in your favor;
- b) That you shall be entitled to act or refuse to act as you see fit, without incurring any liability whatsoever to me/us or to any other person, upon any instructions or communications for any purpose (including but not limited to the instructions/communications pertaining to the operation of all my/our accounts and/or any other facilities including credit facilities and/or services and/or products 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, e-mail, cable or any other form of electronic communication by me/us (including such instructions as may be or purported to be given by those authorized to operate my/our account(s) with you) ("Instructions"), even if such instructions or communications are not followed up by written confirmation to you;
- c) To confirm my/our telephonic Instructions by email/ fax immediately after having given such instructions and in any event within 24 (twenty four) hours, failing which you will be entitled (but not obliged) to reverse or not to act on my/our telephonic Instructions;
- d) 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;
- e) 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;
- f) That you shall be entitled (but not obliged) to keep records of our Instructions given or made by way of electronic communication including but not limited to e-mail, telephone, facsimile or any other form of electronic communication in such form, physical or electronic, as you may deem fit, and your records shall be conclusive and binding on me/us. You shall be entitled to dispose off or destroy any such records at any time as determined by you at your sole discretion;
- g) 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;

- h) That it is my/our sole responsibility to inform you immediately upon my/our return to India for permanent residence or change of my/our current residential status to permanent residence in India. Neither you nor your employee shall be liable for consequences of any incomplete /incorrect data or information provided by me/us to you in relation to my/our change in residential status;
- i) That, notwithstanding the above, you may, under circumstances determined by you in your discretion, require from me/us confirmation of any Instructions in such form as you may specify before acting on the same;
- j) To jointly and severally 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) 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 and undertakings of this letter.
- k) That, where I/We give you instructions relating to my investments/products by phone, such instructions shall be governed by the Phone Banking Facility Terms and Conditions (a copy of which has been provided to me/us, which I/We hereby acknowledge having read and understood and agree to be bound thereby) and this Indemnity. I/We understand that the Phone Banking Facility Terms and Conditions are also available on www.giftcity.icicibank.com/giftcity/personal-banking/non-indian-residents/savings-account which are subject to revision by you/Bank from time to time and I/We agree that it is our responsibility to keep ourselves updated of such changes and be bound by the terms as are in force from time to time.
- l) That if at any time I/We no longer want you to rely on instructions given via e-mail, telephone, facsimile, untested telexes faxes, telegraph, cable or any other form of electronic communication, I/We may contact my/our relationship manager and revoke the same by giving written and unambiguous revocation instructions to the Bank in the form and manner required by you/the Bank.
- m) That neither you nor your employee shall be liable for consequences of any incomplete /incorrect/outdated data or information provided by me/us, or anyone purporting to be me/us, to your employee via the phone banking facility or any other mode, and/or any error in the execution of a transaction due to such incomplete/incorrect data.
- n) That this letter shall be governed and construed in accordance with the laws of the India and I/We hereby irrevocably submit to the non-exclusive jurisdiction of the courts of the Gujarat, or any other courts having jurisdiction over GIFT City, Gandhinagar, in the event of any dispute hereunder.

I/We acknowledge and agree that this omnibus indemnity constitutes legal, valid and binding obligations on me/us and is enforceable in relation to any and all facilities/ products/ services, etc. offered by ICICI Bank Limited, IFSC Banking Unit, GIFT City, Gandhinagar, Gujarat – 382355 to me/ us.

Primary Applicant Sign

Joint Applicant 1 Sign

Joint Application 2 Sign

12) Terms and Conditions

Part 1: Terms and Conditions

☐ By checking this box and signing below, I/We hereby state and confirm that:

1. I/We have fully read, understood and accepted the General Terms and Conditions governing/in relation to the product(s), account (s) and service(s) availed by me/us as available on the ICICI Bank – IBU – GIFT City website (<https://www.giftcity.icicibank.com/giftcity/personal-banking/t-c-for-resident-and-non-resident-individual-accounts>) and undertake to abide by the same. I/We understand that the said terms are subject to revision by ICICI Bank-IBU-GIFT City from time to time and I/We agree that it is our responsibility to keep ourselves updated of such changes and be bound by the terms as are in force from time to time;
2. I/We are the beneficial owner of the Account(s) mentioned hereinabove and all the funds deposited or will be deposited by me/ us in the said Accounts are for my/our own benefits;
3. I/We declare that I/We are NRI(s) of Indian Origin/PIO/OCI#. I/We understand that the account will be opened on the basis of the statements/declarations made by me/us, and I/We also agree that if any of the statements/declarations made herein is found to be incorrect, insufficient or misrepresented, ICICI Bank-IBU-GIFT City is not bound to pay any interest on the deposit made by me/us. The account will be put into use for bonafide transactions not involving any violations of the provisions of any government/exchange control regulations.
Retain whichever is applicable
4. I/We hereby undertake to immediately intimate to ICICI Bank-IBU-GIFT City about my/our return to India for permanent residence or change of my/our current residential status to permanent residence in India. In this regard, I/We undertake to indemnify ICICI Bank-IBU-GIFT City including its successors or assigns, against any loss, damage, cost, financial liability etc which may be incurred by the bank on account of my/our failure to inform the bank or providing incorrect, insufficient information regarding the change in my/our residential status to the bank. Further, I/We acknowledge and confirm that ICICI Bank-IBU-GIFT City has right to withhold and mark lien over the interest/any amount, whatsoever, payable on the said account and/or deposits and/or products availed in my/our name and, will also have set off rights which may be exercised by the bank towards the loss, damages etc. incurred by the bank or any demand including tax demand payable by the bank (if any).
5. I/We agree that no claim will be made by me/us for any interest on the deposit/s for any period after date/s of maturity of the deposit/s. I/We authorize ICICI Bank-IBU-GIFT City to automatically renew the deposit due date for an identical period (unless otherwise specifically instructed before due date). The earlier receipt given to me/us will be treated as discharged receipt on due date. I/We understand that the interest applicable on renewals will be applicable ruling rates on the date of maturity and the renewed receipt will be made available on my/our presenting the duly discharged original receipt on the maturity date or later for payment.
6. I/We understand that the approval of this application form is at ICICI Bank-IBU-GIFT City's sole discretion and the bank may reject my/our application without providing any reasons to me/us. In such a case, no contractual relationship would exist between me/us and ICICI Bank-IBU-GIFT City;
7. I/We agree to provide to ICICI Bank-IBU-GIFT City in writing any changes in my/our personal details or communication address or circumstances from time to time. I/We shall be solely responsible to ensure that ICICI Bank-IBU-GIFT City has been informed of such changes;
8. I/We authorize ICICI Bank- IBU- GIFT City to verify any of the information that I/We have given to ICICI Bank-IBU-GIFT City or my/our credit standing from anyone (such as an authority or credit reference agency) as ICICI Bank-IBU-GIFT City may consider appropriate. ICICI Bank –IBU- GIFT City may use other methods (including credit scoring by electronic or other means) to assess this application and to verify my/our identity in line with the General Terms and Conditions as mentioned on website given above;
9. I/We agree that the interest rates on deposits and Account(s) may change periodically as per the directives of Reserve Bank of India (RBI) or International Financial Services Centers Authority (IFSCA) or any other authority. I/We agree that it our responsibility to keep ourselves updated of the applicable interest rates by checking the ICICI Bank-IBU-GIFT City or its website ([giftcity.icicibank.com](https://www.giftcity.icicibank.com));
10. I/We agree that ICICI Bank-IBU-GIFT City shall have the right to reverse any instruction given to credit my/our account/s, owing to an error on part of ICICI Bank-IBU-GIFT City or for any reason whatsoever, with or without notice to me/ us if my/ our account/s are not the intended beneficiaries of an instruction so given. I/We further shall not hold ICICI Bank-IBU-GIFT City liable/ responsible in any manner whatsoever for any debits made to my/ our account/s for the aforesaid purpose;
11. I/We (i) consent to the monitoring and recording of my electronic communications and telephonic conversations with ICICI Bank Limited including its branches; and (ii) agree that such recording is conclusive proof and may be submitted as evidence in any proceedings;
12. I/We agree to follow the procedures established by ICICI Bank-IBU-GIFT City for operating products/services including procedures for accepting facsimile/telephone/ Voice Recording Machine (VRM) instructions and agree to execute such documents, applications and indemnities in connection therewith. I/We are responsible for the accuracy and authenticity of the instructions provided to ICICI Bank Limited and its branches including ICICI Bank-IBU-GIFT City through telephone and/or VRM by me/us and the same shall be considered sufficient to operate such products/services. ICICI Bank Limited and/or ICICI Bank-IBU-GIFT City shall not be required to independently verify the instructions; and
13. I/We agree to VRM Facility offered by ICICI Bank-IBU-GIFT City for (i) creation or placing of Deposits, (ii) partial/complete closure of Deposits and (iii) renewal of Deposits or any products/ services agreed by ICICI Bank-IBU-GIFT City and me/ us. I/We have read, understood, accepted and acknowledged the Phone Banking terms and conditions as provided to me/ us by ICICI Bank Limited.

Part 2: Schedule of Charges

Early account closure	NIL
Bank Statement (print)	NIL
For balance confirmation / banker's letter (like relationship certificate)	NIL
For outward remittance	10 currency units
For standing instruction, set-up and modification	NIL
Non-Maintenance of minimum balance (only for Saving account)	NIL
SWIFT Amendment/ SWIFT Cancellation	NIL

Part 3: Customer Consent for ICICI Bank IBU GIFT City

ICICI Bank Limited including its branch ICICI Bank-IBU-GIFT City would like to use your personal details in the Application Form from time to time to send you marketing information to inform you about products and services that are offered by ICICI Bank, IBU Branch, GIFT City on its own and in collaboration or through tie-ups with third parties. Please help us to serve you better by giving your consent to receive such information through one or more of the following methods of communication: By Post ☐ By E-mail ☐ By Social Media ☐ By SMS/Text ☐ By Telephone/Call ☐

☐ Yes to marketing by all of the above

☐ No marketing by any of the above.

I/We _____ authorize / do not authorize ICICI Bank Limited including its branch ICICI Bank-IBU-GIFT City, to exchange, share or part with all the information/ data provided herein including personal and business information with ICICI Bank Group companies/ other institutions/ such other persons as may be necessary/ required for the purpose of, including but not limited to, marketing, cross selling of various products & services etc., to me/us, use or process the aforesaid information/data by such person/s, or furnishing of the processed information/ data/ products thereof to

other Banks/ Institutions/ other persons as may be necessary, and I/We shall not hold ICICI Bank Limited including its branch ICICI Bank-IBU-GIFT City liable in connection with the use of such information or otherwise.

OR

- ☐ Yes, I/We would like ICICI Bank Group companies to contact me
- ☐ Yes, I/We would like Partners of ICICI Bank to contact me
- ☐ No, I/We do not wish ICICI bank group companies and Partners of ICICI Bank to contact me.

You can proactively opt-out of this any time or update your preferences by visiting our branch, by calling at +91(79)61803207 or writing to us at contactgiftcity@icicibank.com. Please also see our privacy notice (<https://giftcity.icicibank.com/>) for more information in relation to how we collect and use your personal information.

I/We _____ do hereby declare that what is stated is valid, true and correct as on date of this document. I/We further jointly and severally undertake to inform ICICI Bank Limited including its branch ICICI Bank-IBU-GIFT City of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I/We am/are aware that I/We may be held liable for it.

Primary Applicant Sign

Joint Applicant 1 Sign

Signature for Part 1, Part 2 and Part 3

Joint Application 2 Sign

13) Customer Consent for ICICI Bank IBU GIFT City

To,

Date: _ / _ / 20_ _

ICICI Bank Limited (including affiliates, domestic branches and overseas branches of ICICI Bank Limited including ICICI Bank-IBU-GIFT City) Sub: Request to ICICI Bank for providing information on its Product(s) /services (as defined below).

Dear Sir/Ma'am,

I/We hereby acknowledge that the private banking business of ICICI Bank Limited ("ICICI Bank") is carried on with certain offices of ICICI Bank acting as the booking centres (referred to as "Booking Centre") and certain of its other branches, representative offices and group companies of ICICI Bank acting as marketing centres (collectively, the "Marketing Centres" and each, a "Marketing Centre") as more particularly described in the account opening terms and conditions and any related terms and conditions/ documents governing your business relationship which you have executed and accepted with ICICI Bank. Accordingly, please provide me/us with information on the following products/ services of ICICI Bank:

Tick (✓) on required product(s)/services(s):

- ☐ Banking Products (Accounts, Deposits including deposits with derivatives, Loans/Leverage) Mutual Funds (Global and India based)
- ☐ Bonds (Global and India based), Government Securities
- ☐ Structured products (Notes and deposits) and OTC Derivatives
- ☐ Equity Broking Services/I-direct/other similar online platform
- ☐ Private Equity Funds, Real Estate Funds and other types of Close Ended Investments
- ☐ Private Equity Direct Placement, Investment Banking Services
- ☐ Portfolio Management Services (Global and India based)
- ☐ Insurance, referral services for Insurance, Real Estates, Trust/Succession services Investment Advisory Services
- ☐ Others (Please specify the product category): _____

☐ All of the above Products/Services

Yours Sincerely

Signatory/ies for the relationship:

I/ We irrevocably acknowledge and agree that the above product(s)/ services specific information has been sought by me/ us of my/ our own accord and has not in any way been induced or solicited by ICICI Bank (including any Booking Centre or Marketing Centre). I/ We further agree the final decision to avail any of the aforementioned product(s)/ services, would be my own and is not in any way upon the solicitation or direction by ICICI Bank. I/ We note that decisions related to acceptance of my/ our applications (or any discrepancies thereto) for ICICI Bank's product(s)/ services will be at the sole discretion of ICICI Bank and ICICI Bank reserves the right to accept or reject my/ our application without assigning any reasons thereof, with or without notice to me. I/ We understand and agree that the product(s)/ services availed by me/ us shall be subject to the underlying products/services specific terms & conditions of ICICI Bank (including those as applicable from any Booking Centre or Marketing Centre) and applicable laws and regulations.

I/ We will be in compliance with all applicable laws/regulations (including taxation and exchange controls) of my/our home country (residence, work & citizenship) in relation to investing in the product(s) / availing the services provided by ICICI Bank from time to time, as may be applicable to me/us.

This form shall be governed and construed in accordance with laws of India and I/We hereby irrevocably submit to the non-exclusive jurisdiction of the of the courts of India in the event of any dispute hereunder with ICICI Bank.

Please note that the respective product/service availed from any Booking Centre and/ or through a Marketing Centre shall be governed by the applicable laws to which such Booking Centre and/ or Marketing Centre is subject.

Applicant Type	Primary Applicant	Joint Applicant 1	Joint Applicant 2
Signature			
Date (DD/MM/YYYY)			
Customer Id / Account number at booking Centre(s):			
Customer Id / Account number at booking Centre(s):			