

Relationship Form – Joint Applicant

(For Non Resident Indian (NRI)/ Person of Indian Origin (PIO)/ Overseas Citizen of India (OCI))

*** To be filled by ICICI Bank -IBU-Gift City	J , , , , , , , , , , , , , , , , , , ,				
Customer ID No.:	Application No :				
Status Code :	Sol ID of Sourcing Branch :				
Please ensure that you fill in all fields marked with *. These are mandate applicant; else the form will be rejected. Please fill-up the form in CAPIT Please strike off or mark N/A if any field is not applicable. Please put tic	AL LETTERS only.				
Joint Applicant Detail* (No. of Joint Applicants:	_)				
Leint Applicant 1 Name of					
Relationship with the applicant					
Joint Applicant 2 Name:					
Relationship with the applicant					
2) Joint Applicant Personal Details					
*Name:					
(Same as Passport) First Name	Middle Name Last Name				
*Date of Birth:	ried / Single *Gender: Male / Female / Others				
*Father's Name:					
Spouse Name:					
*Mother's Maiden Name:					
*Date of becoming Non-Resident/ PIO:	*Are you a PEP/ International PEP # or related to one? Yes/				
# Refer to Section 9 "Additional Information" point no 5 for definition of	a "Politically Exposed Person" (PEP)				
*Email ID: (In Capital Letters)					
*Passport No.: Nationality:	Country of Residence:				
Date of Issue: DDMMYYYY *Place of Issue: _	*Expiry Date: D D M M Y Y Y Y				
I hereby confirm that \square I hold / \square do not hold a Permanent Account N	umber (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 Assesse: 🗌 Yes / 🗌 No. If yes, details of Ward/ Circle/ Ro	ange where the last return of income was filed:				
Reason for not having PAN:					
*Type of Visa: Single Entry Visa Student Visa	Residence Permit				
☐ Foreign Passport ☐ PIO ☐ OCI Card Others:					
Visa Number:					
Visa Country of Issue:	Visa Expiry Date:				

*(if selection is PIO or OCI above) Declaration from Person of	
	tisfy 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.	
The father/ mother/ grandfather/ grandmother (name)	
of my spouse is/ was a citizen of India by virtue of the	e Constitution of India or the Citizenship Act, 1955.
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☐ I further confirm that I am not or have never been a citize	en of *Pakistan, Bangladesh and Afghanistan,or such other country as the
Government of India may, by notification in the Official G	Gazette, specify.
3) CURRENT OVERSEAS RESIDENTIAL ADDRE	SS (PROOF IS MANDATORY)
Document Type: Document Number:	Document Expiry Date DDMMYYYY
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) Country Code (Number) Confirm having checked my Mobile No. & understand the	at SMS alerts (if any) will be sent on the above Mobile No
Teomini having cheeked my Mobile No. & understand the	at SWS diens (if diff) will be sent off the above Mobile No
PERMANENT ADDRESS (PROOF IS MANDATORY)	
It is mandatory to provide your permanent address, however	er if it is same as current address, please tick here \square
Document Type: Document Number:	Document Expiry Date D D M M Y Y Y
House No.:Build	ding Level/Floor:
Premise/ Building Name: Stre	eet No.: Street Name:
Landmark: Loca	cality: * City*
State: *Country:	*Postal ZIP Code:
* Mailing address: Current Residential Address / Perm	nanent Address
Please note that all communication will be sent to the mailin	ng address.
A) Client Chariffeetine (Dhara tid an antical)	1.34
4) Client Classification (Please tick as applicable	e)^
☐ Retail ☐ Professional ☐ Market Participant (In case ther	re 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: Conduc	ct of Business Directions, as may be further updated from time to time)

5) Joint spous	Applicant's educati se):	on & employment in	formation* (For Mi	nor/ House mo	ıker, provide detail	s of guardian/
*Education	Under Graduate	Graduate	☐ Post Graduate		Professional	
*Occupation	☐ Employed	Self-Employed	Student	Retired	Unemployed	Housewife
	Others(Please sp	ecify):				
*Type of Busine	ss: Proprietorship	☐ Partn	ership	LLP	LLC Pr	ivate Ltd. Company
	☐ Public Company	(Listed) Dublio	Company(unlisted)	☐ Trust / Ass	ociation Society	
	Charitable Orga	nization 🗌 Gover	nment /Ministry			
	Others*(Please s	pecify):				
*Nature of Busir	ness: Agriculture/Fi	shing/Mining 🗌 Man	ufacturing 🗌 Charit	y 🗌 Building C	onstruction 🗌 Fina	ncial Institution
	Commerce (Exp	oort/Import/Trading)	Transportation/Co	nmunication 🗌	Professional Serv	vice
	☐ Trust/Nominee	and Fiduciary Service	Money changer/Re	mitter 🗌 Casino	and Gaming Real	Estate Agent/Broke
	Others (Please	specify):				
*Business/Emplo	oyer's Name:					
*Personal yearly	gross income/ profit f	rom business/ profession	on: 🗌 Below USD 50,	000 🗆 USD 50,	000 - 250,000 🗌 US	SD 250,000 - 500,000
			☐ USD 500,000 -	- 750,000 🗌 Al	pove 750,000	
*Net Worth (US	D):	500,001 – 1,000,000);	,000,000	> 20,000,000	
*Source of fund:	s:	Salary	Business Income	Proceeds o	f Investments	Agriculture
		Personal Saving	Inheritance	☐ Gifts receiv	ed from family	
		Others (Please specify)	:			
*Purpose of ope	ening account: 🗌 Savin	gs 🗌 Investmen	ts Remittance	s ☐ Others (I	Please specify):	
6) Addit	ional information:					
you of any misrepresen 2. I hereby address. 3. Are you a no. 4. Is the custon	declare that the details changes therein, immiting, I am aware that I consent to receiving in ational and/ or a residemer/ individual funding via third party)) Yes	nediately. In case any may be held liable for information from Cent int (with either perman the account/ trade prod	of the above information of the above infor	mation is found ough SMS/ Emo	If to be false or untail on the above regioned country? \(\sum Ye	true or misleading of stered number/ email es/ \(\simega\) No
Joint A	Applicant Sign					