Corporate Internet Banking (CIB) Application Form

For Existing Business/Corporate Customers[1]

Name of the Organization: _____

Account Number: _____

Corporate ID (if applicable): _____

Please fill in the following details of the authorized users who are to be provided access under the above-mentioned account number:

CIB Workflow Rules for Transaction			
User 1	**User 2**	**User 3**	**User 4**
User ID (if applicable)			
Transaction amount (From USD)			
Transaction amount (To USD)			
To be approved by (Approvers should be users in CIB)			
Name of User			
Signature of User			

For CIB, the workflow rules would be common to all types of transactions. If the limits are not specified, the default per transaction limit would be Fifteen Thousand dollars ($15,000.00) per transaction type.

IV. Acknowledgment

1. I/We consent to:

(i) the terms and conditions applicable to Corporate Internet Banking in relation to the operation of my/our account;

(ii) the terms and conditions governing money transfers via Corporate Internet Banking, receipt of which is hereby acknowledged;

(iii) the terms and conditions governing bank accounts in the U.S. as well as the terms and conditions contained in the Account Opening Form and Customer Account Agreement (provided to us at the time of account opening and also available on the website www.icicibankusa.com); and

(iv) inform you promptly of changes, if any, in the mode of operation of the account, and/or the names of authorized signatories for the account.

2. I/We understand that any savings, checking or other deposit account that we establish with the Branch is not Federal Deposit Insurance Corporation ("FDIC") insured.

3. I/We declare, confirm and agree that all the particulars and information given in this application form (and all documents referred to or provided herewith) 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 for regulatory reasons. I/We agree and undertake to provide any further information that ICICI Bank Limited, New York Branch or its group companies may require in this regard.

_____   _____   _____   _____
AUTHORISED SIGNATORY   AUTHORISED SIGNATORY   AUTHORISED SIGNATORY   AUTHORISED SIGNATORY

(Signature of Authorised Signatories as per account's mode of operation)

Please send the completed form to: ICICI Bank Limited, New York Branch 575, 5th Ave, Suite 2600, New York, NY 10017, or Email it at usaccountmanager@icicibank.com; or Fax it at 1-646-358-4521

[1]This form is applicable to those customers who intend to avail of the CIB Service after submitting the account opening form.