

Corporate Internet Banking Service Request Form

Date _____

To,
 Branch Manager
 ICICI Bank Limited, New York Branch

Name of the Organization: _____
Account Number: _____
CORP ID: _____

To be filled in by the user who needs to apply for any of the facilities below:

CIB Workflow Rules for Transaction				
	User 1	User 2	User 3	User 4
User ID				
Regeneration/Reissue of password				
Unlocking/Activation of password				
Deletion of User ID				
Signature of User				

Please fill in the applicable options in the table.

Declaration

1. I/We consent to the terms and conditions applicable to Corporate Internet Banking in relation to the operation of my/our account as set forth in the Customer Account Agreement provided to you at the time of account opening, also available on the website at www.icicibankusa.com
2. We understand that any savings, checking or other deposit account that we establish with the Branch is not covered by deposit insurance from the Federal Deposit Insurance Corporation ("FDIC")

I/We declare, confirm and agree:

- a) that all the particulars and information given in this 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 may be 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; and
- b) that I/we have had no insolvency proceedings initiated against me/us nor have I/we ever been adjudicated insolvent.

I/We agree, undertake and authorise ICICI Bank Limited, New York Branch and/or 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 or credit reference agencies.

 AUTHORISED SIGNATORY AUTHORISED SIGNATORY AUTHORISED SIGNATORY AUTHORISED SIGNATORY

(Signatures 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