

## Account Application Form (Individuals) – Deposits Non-FDIC insured

Fields marked with \* are mandatory.

1. Customer identification details		
	First applicant	Second applicant
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Dr
First name*		
Middle name		
Last name*		
Date of birth*(mm/dd/yyyy)	___ / ___ / _____	___ / ___ / _____
Mother's maiden name*		
Country of citizenship*		
SSN (if SSN is unavailable please refer to the checklist on page IV for other acceptable documents)	_____ - ____ - _____	_____ - ____ - _____
<b>Current address (PO Box not acceptable)</b>		
Address*		
City*		
State* & Zip Code*		
Country*		
Phone no.* & Mobile no.		
Email (Preferred)		
<b>Communication address, if different from above</b>		
Address*		
City*		
State* & Zip Code*		
Country*		
<b>If you have lived less than 2 years at current address, provide full previous address below</b>		
Address line 1*		
Address line 2*		
City*		
State* & Zip code*		
Country*		

### Debit Card Delivery Request in India

(Applicable only for those who submit this application form to an ICICI Bank official in India.)

- I will be at the India address for at least 15 days from the date of submitting this completed application form:  Yes /  No
- Please deliver my Debit Card and Debit Card PIN to the India address mentioned below:  Yes /  No

Address line 1*	
Address line 2	
City*, State* & Zip*	
Phone no.* & Mobile no.	+91-
<b>Applicant's signature (if debit card delivery is requested in India)</b>	
FIRST APPLICANT	SECOND APPLICANT

2. Income & Occupation Details (tick appropriate box)		
	First applicant	Second applicant
Source of income/wealth*	<input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of investments <input type="checkbox"/> Others (please specify) .....	<input type="checkbox"/> Salary <input type="checkbox"/> Business Income <input type="checkbox"/> Savings <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of investments <input type="checkbox"/> Others (please specify) .....
Occupation*	<input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed professional <input type="checkbox"/> Student <input type="checkbox"/> Self Employed-Others <input type="checkbox"/> Unemployed	<input type="checkbox"/> Salaried <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed-Professional <input type="checkbox"/> Student <input type="checkbox"/> Self Employed-Others <input type="checkbox"/> Unemployed
Employer/Business name*		
Industry type*		
City* & State*		
Work phone		
Annual income	US\$	US\$

3. Declaration about existing relationship with ICICI Bank* (tick appropriate box)		
Please specify if you or your immediate family member have any relationship with ICICI Group companies		
I/we have a relationship with the Bank	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Account no.	<input type="text"/>	<input type="text"/>
Account type:		
Relationship with applicant		

4. Please choose one or more products (tick appropriate box)			
Product type	<input type="checkbox"/> Certificate of deposit	<input type="checkbox"/> Checking account	<input type="checkbox"/> Savings account
Initial deposit amount			
Tenure		Not applicable	Not applicable
Mode of funding			
Funding bank name			
Funding account no			
Type of account	<input type="checkbox"/> Fixed interest rate <input type="checkbox"/> Floating interest rate	<input type="checkbox"/> Interest paying <input type="checkbox"/> Non-Interest paying	<input type="checkbox"/> Interest paying
Interest payout	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Cumulative	<input type="checkbox"/> Paid monthly	<input type="checkbox"/> Paid monthly

Account operations		No. of Transactions	Total value	No. of Transactions	Total value
Expected funding p.m.	Not applicable				
Expected withdrawals p.m.	Not applicable				
Foreign outward remittance p.m.	Not applicable				
Foreign inward remittance p.m.	Not applicable				
Account offering – issue a check card / ATM card*	Not applicable	First applicant <input type="checkbox"/> Yes <input type="checkbox"/> No Second applicant <input type="checkbox"/> Yes <input type="checkbox"/> No		Not applicable	

### 5. Privacy Notice

At ICICI Bank Limited, New York Branch we take your privacy very seriously and take precautions to maintain it. We do not sell customer lists or individual customer information. We collect, retain and use your information only where we reasonably believe it will be useful or necessary in performing the functions of a financial institution, such as providing products and services to you.

Policies and procedures have been instituted to protect your personal financial information and to maintain the privacy of personal information relating to your relationship with ICICI-New York. These include controls, which limit access to consumer information, procedures to ensure the maintenance of accurate information and privacy covenants in third-party service and business agreements. ICICI-New York maintains up-to-date physical, electronic and procedural safeguards that comply with federal standards to guard against unauthorized access to your non-public, personal information.

We may share the information collected from or about you with our affiliates for such purposes as are permitted or required under applicable law and policy. In other cases, we may join with non-affiliated financial institutions to provide you with joint products or services. Although it may be necessary for us to share with these other financial institutions certain information we collect about you, we will never share your account(s) or access code(s) for these purposes. The information we provide to outside companies in either of these two circumstances will be limited to that which is necessary for them to do their job. These companies are required to keep your information secure and use it only as authorized by us. Under the law, you are permitted to opt-out of: (1) our sharing of non-transactional information about you with our affiliates under the Federal Fair and Accurate Credit Reporting Act; and (2) our sharing information about you with non-affiliated companies and persons other than those to whom we have outsourced specialized services and those with whom we have joint marketing agreements. However,



since we do not currently share such information, no opt-out action is necessary or provided. Should our policy change, you will be notified and given an opportunity to opt-out.

If you would like to have a copy of the Privacy Notice, or require additional information or have any questions regarding ICICI-NY's privacy Policy, please telephone us at 1-866-ICICI4U or 1-866-424-4481 or send us an e-mail. You may also write us at ICICI Bank Limited – NY, 500 Fifth Avenue, 28th Floor, New York, NY 10110, or stop by our branch and discuss your questions with our staff.

**6. Instructions given by fax, telephone, and other forms of electronic communication**

Notwithstanding anything to the contrary contained in any other document/ agreement, I/we hereby request and authorize 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 authorized 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 that all risks shall be fully borne by me/us and I/we assume 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. In consideration of your agreeing, subject to the terms and conditions hereunder, to act upon the Instructions as aforesaid, I/we hereby irrevocably 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 or 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 purported 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 the instructions shall be conclusively presumed for your benefit to be duly authorized by and legally binding on us, and we shall be fully responsible for the same. you shall not be responsible to ensure the authenticity, validity or source of any instructions and shall not be liable if any instructions turned out to be unauthorized, erroneous or fraudulent.
- c. Not to make any claim against or hold you liable by reason of or on account of you having acted or refused to act on any instruction 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, cable or any other form of electronic communication in such form, physical or electronic, as you may in your sole discretion deem fit, and your records 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 authorized to disclose all instructions as you may deem fit, it to your affiliates, counterparties, service providers, and regulators and other authorities or where you are required by law to do so,
- f. That you shall be entitled to require any instruction in any form to be authenticated by use of an y 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.
- g. That not withstanding the above, you may under circumstances determined by you in your absolute discretion, require from me/us confirmation of any of any instructions in such form as you may specify before acting on the same and we shall submit such confirmations to you immediately upon receipt of your request. Pursuant to receipt of instructions, you shall have the right but not the obligation to act upon such instruction
- h. That you shall not be liable to us or any third party for, and that I/we (jointly and severally) shall indemnify you and keep you indemnified from and against all claims either by me 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.
- i. That I/we confirm I/we have the capacity and authority to accept this document and that this document constitutes our valid, legal, effective and enforceable obligation.
- j. That this undertaking cum indemnity document shall be governed and construed in accordance with the law's of New York and I/we hereby irrevocable submit to the non-exclusive jurisdiction of federal and state courts located in the Boroughs of Manhattan, New York.

**7. Acknowledgement**

- 1. I/We consent to the terms and conditions governing bank accounts in the US as well as the terms, rules and regulations in the Customer Account Agreement. I/We declare that funds offered by me/us to the Branch represent/shall represent my/our own funds, earned through legitimate means and complying with all US laws.
- 2. I/we understand that there are risks involved in disclosing non-public information (as required in the account opening form) to any entity other than the Branch including introducers, deposit broker or any other entity. I/We hereby agree that all risks associated with such disclosure shall be borne by us/me and I/we assume full responsibility for the same.
- 3. The information supplied in this application is true and correct to the best of my/our knowledge and belief. I/We authorize the Branch to obtain information about my/our identity, credit history and other banking history from consumer reporting agency(ies) or other sources. I/We further understand that if information in the credit history results in a decision to either disallow my/our signing authority on the account or disallow opening the account, the Branch will communicate this fact to me/us. I/We further authorize the Branch to obtain this information at any time from one or more consumer reporting agencies or other sources that it may choose as long as I/we am/are (an) authorized signer(s) on the account.
- 4. I/We understand that any savings, checking or other deposit account that I/we establish with the Branch is not covered by insurance from the Federal Deposit Insurance Corporation ("FDIC").

**8. Disclosure Statement**

To help the government fight the funding of terrorist and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person or business that opens an account. What this means to you: When you open an account, we will ask for your name, address, date of birth, identification numbers like Social Security or ITIN etc., and identification documents like driver's license, passport or any other document that will help us identify you.

**For US citizens or US resident aliens (W-9)**

**Under penalties of perjury, I certify that**

- (a) the number shown on this form is my correct tax identification number (or I am waiting for a number to be issued to me), and
- (b) I am not subject to backup withholding because: 1. I am exempt from backup withholding; 2. I have not been notified by Internal Revenue Services that I am subject to backup withholding as a result of failure to report all interest or dividends; or
- (c) the IRS has notified me that I am no longer subject to backup withholding.

**Certification instruction:** You must cross item 2 above if you have been notified by IRS that you are currently subject to backup withholding tax because of under reporting interest or dividend on your tax return. For real estate transaction, item 2 does not apply. I intend to meet the substantial presence test for the calendar year pursuant to IRC § Section 7701(b)(3)(A) to qualify as a resident alien.

**For non-resident aliens (W-8) - Attach a complete copy of the appropriate W-8 form.**

SIGNATURE OF FIRST APPLICANT

SIGNATURE OF SECOND APPLICANT

Date      /      /      /      /      /       
(m m / d d / y y y y)

Date      /      /      /      /      /       
(m m / d d / y y y y)

**9. Checklist (Please read this in detail before filling in the form.)**

Your date of birth, current address and full name must match those mentioned in supporting documents. Any change in the form needs the full signature of applicants.

<b>Mandatory photo identity documents</b>	<b>Address document, if the identity document does not have your current address</b>
<ul style="list-style-type: none"> <li>• US passport</li> <li>• Foreign Passport along with valid Visa</li> <li>• Unexpired government issued photo ID</li> </ul>	<ul style="list-style-type: none"> <li>• Utility bill (except cell phone bills)- not earlier than 3 months</li> <li>• Bank verification letter / Statement not earlier than 3 months</li> <li>• Employer's letter – not earlier than one month</li> <li>• Pay stub/Salary slip – not earlier than 1 month</li> <li>• Lease agreement- not earlier than 1 year</li> </ul>
<p><b>If Social Security number not provided at the time of submitting the application form applicant needs to furnish one of these documents</b></p> <p>1) Birth Certificate showing Name and Date of Birth.                  2) Any other document listed under Mandatory Photo Identity document or Address Document other than the one produced as Primary ID document.                  3) PAN – Permanent Account Number issued by Income Tax Department in India or ITIN -Individual Tax Identification Number issued by IRS in US.</p> <p>Further, the applicant needs to apply for SSN and submit the number within 60 days of account opening/activation. If not, the bank reserves the right to freeze the account or initiate any such action as per its internal policy, without prior notice.</p>	

<b>Funding instructions – amount in US\$</b>		
<b>By Cheque</b>	<b>Wire Transfer instructions</b>	
Payable to "ICICI Bank Ltd, New York Branch a/c 'Your full name'" For example "ICICI Bank Ltd, New York Branch a/c John Smith"	To - Bank Name	Bank of New York Mellon, New York
	Field 56 – Swift Code	IRVTUS3N (Intermediary bank)
	For Credit to	Account Number 8900676973
	Field 57 - Beneficiary Bank	ICICI Bank Ltd., New York
	Final beneficiary	"Your full name as mentioned in this application, New Account". For Example – "John Smith, New Account"

<b>For ACH Debit or Credit transactions</b>	
Routing number - BONYM (Bank of New York Mellon)	021-000-018
Customer Account number (for ACH transactions only)	30000XXXXXXXXXXXX (12 digit account number prefixed by 30000)
For (Customer Name), it would be	XXXXXXXXXXXXX
<p><b>Submit your completed application to:</b> ICICI Bank Ltd, New York Branch, Account Opening Team, 500 Fifth Avenue, Suite 2830 New York, NY 10110, Tel: 646 827 8450</p>	

<b>For ICICI Bank use only</b>		
Customer exempt category ..... Source code .....		
Sourced by .....	Risk assessment by .....	OFAC & ID check by .....
Employee no .....	Employee no .....	Employee no .....
Date (mm/dd/yyyy) ___ / ___ / ____	Date (mm/dd/yyyy) ___ / ___ / ____	Date (mm/dd/yyyy) ___ / ___ / ____
SIGNATURE _____	SIGNATURE _____	SIGNATURE _____

<b>IKit Issuance details</b>		
IKit No: .....	Name of Bank Officer .....	
Date (mm/dd/yyyy) ___ / ___ / ____	Employee No. ....	SIGNATURE _____

<b>Account details</b>		
Account no. ....	Customer Id (First Applicant) .....	Customer Id (Second Applicant) .....

<b>Channel of sourcing account</b>		
<input type="checkbox"/> Face to face	<input type="checkbox"/> Non Face to Face	<input type="checkbox"/> Others