

**Account Opening Form (Business Non-FDIC insured)**

**1. Customer identification details**

Business name \_\_\_\_\_

Doing business as (DBA) \_\_\_\_\_

Place of incorporation (specify state and country) \_\_\_\_\_

Date of incorporation (MM/DD/YYYY) \_\_\_\_\_

**Tax Payer Identification Information**

Employer Identification No. (EIN) / Federal Employer Identification Number (FEIN) \_\_\_\_\_

**Mailing Address** (PO box not acceptable)

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/PIN \_\_\_\_\_

Business Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email ID \_\_\_\_\_ Website \_\_\_\_\_

**Principal office address** (if different from mailing address)

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip/PIN \_\_\_\_\_

Business Phone number \_\_\_\_\_ Fax number \_\_\_\_\_

Email ID \_\_\_\_\_ Website \_\_\_\_\_

**2. Product details**

Product type	<input type="checkbox"/> Certificate of deposit	<input type="checkbox"/> Checking account
Initial deposit amount (USD)		
Tenure (months)		Not applicable
Type of account	<input type="checkbox"/> Fixed interest rate	<input type="checkbox"/> Non-interest bearing
With Drawal Options	<input type="checkbox"/> With Pre Mature Withdrawal <input type="checkbox"/> Without Pre Mature Withdrawal	Not applicable
Interest payout	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Cumulative	Not applicable

Annual anticipated activities		
Type	Checking account	
	Incoming	Outgoing
ACH / Wires / Cheques - Domestic (Value)		
No. of ACH / Wires / Cheques - Domestic		
Wires - Cross-border (Value)		
No. Wires - Cross-border		

**Loan Product (if applicable)**       Syndicated Loan       Bilateral Loan

**Services Opted for**                       Checkbook                       Internet Banking

**Mode of funding**       Check / ACH       Remittance from India / Other Country

Debit to existing ICICI Bank Limited, New York Branch Account (A/c No. \_\_\_\_\_)



**3. Business details**

**Business type**

- Sole proprietorship     Domestic Corporation (Inc or Corp)     Foreign Corporation (Inc or Corp)     Trust  
 Partnership (General or Limited LLP)     Limited Liability Company (LLC) or (PLLC)     Government Entities

**Brief Purpose of Opening the Account:**

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**Types of Transaction Expected (Domestic/International; Vendor Payments/ Collection, Salary, Taxes, Others - Please Specify all):**

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**Countries for Anticipated Transactions:**

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**Source of Funds**

- Initial funding from Parent Entity/Affiliate     Equity infusion from Third Party (outside entity such as PE or any other investor)  
 Funding from Beneficial Owner/Promoter     Proceeds from business/sales  
 Customer Investments     Others \_\_\_\_\_

**Business Background (please include a brief about the company and its operations):**

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**Nature of business**

Type of industry \_\_\_\_\_

NAICS Industry Code \* - Sector Code \_\_\_\_\_ ; Sub Industry Code \_\_\_\_\_

Business' previous year annual revenue (USD) \_\_\_\_\_

Parent company's previous year annual revenue (USD) \_\_\_\_\_

\*Please refer to <https://www.census.gov/naics/> and go to latest year



**Information on existing ICICI Group relationships**

Account name	Account number	Relationship type	Location

**Ownership information of business**

Please provide the following requested information. All information is required unless otherwise noted and must be completed by a person with the intent to open an account or apply for credit. Additional information may be requested based upon response provided.

**Exempt from Beneficial Ownership regulation**

Enter exemption number from corresponding list on the subsequent page (page 6) of this form: \_\_\_\_\_

Note: If you are exempt because you are a Charity or Non-Profit or a Pooled Investment Vehicle advised by a non-exempt entity you must complete the Control Person section in addition to the Certification from the Natural Authorized Person. If you are exempt for any of the other reasons listed in the detailed instructions, the section labeled Certification from Natural Authorized Person must be completed.

**Control Prong**

<b>Control Prong Full Legal Name:</b> _____	
SSN/PAN/ Tax ID: _____ DOB: _____	
<input type="checkbox"/> I am also a Beneficial Owner with ___% Ownership	
<b>Address:</b> _____	<b>Residency status:</b> <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-US Person
<b>ID Information:</b> Type: _____ Issue State/Country: _____ ID Number: _____ Issue Date: _____ Expiration Date: _____ Position/Title: _____ Occupation: _____ Politically Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No Phone No: _____ Email id: _____	

Under the **Control Prong**, the beneficial owner is an individual with significant responsibility to control, manage or direct the Legal Entity. One beneficial owner must be identified under control prong. Examples include: CEO, CFO, COO, Managing Member, General Partner, President, Vice President, Treasurer or any other individual who regularly performs similar functions.

Reference material and detailed instructions are available at the page 7

**U.S. Person Tax ID:**  
SSN / TIN

**Non-U.S. Person Tax ID:**  
PAN (For India)/Foreign Tax Identifier

**Person ID:**  
Passport / Govt. / State issued Photo Id

**Ownership Prong**

Under the **Ownership Prong**, a Beneficial Owner(s) is each individual, if any, who directly or indirectly, through any contract, understanding, relationship or otherwise, owns 25% or more equity interest of a legal entity customer. If applicable on basis of analysis of information provided, we might separately ask for details of individuals, who directly or indirectly, through any contract, understanding, relationship or otherwise, owns 10% or more equity interest of a legal entity customers, which is provided as Annexure A (Separately).

<input type="checkbox"/> <b>No Individual Beneficial Owner Meets the 25% ownership threshold</b>			
<b>Beneficial Owner 1:</b> _____% Ownership  <b>Full Legal Name:</b> _____ <input type="checkbox"/> I am the Control Person and my information is provided above SSN/PAN/ Tax ID: _____ DOB: _____		<b>Beneficial Owner 2:</b> _____% Ownership  <b>Full Legal Name:</b> _____ SSN/PAN/ Tax ID: _____ DOB: _____	
<b>Address:</b> _____	<b>Residency status:</b> <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non- U.S. Person	<b>Address:</b> _____	<b>Residency status:</b> <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person
<b>ID Information:</b> Type: _____ Issue State/Country: _____ Number: _____ Issue Date: _____ Expiration Date: _____ Occupation: _____ Politically Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No  Phone No: _____  Email id: _____		<b>ID Information:</b> Type: _____ Issue State/Country: _____ Number: _____ Issue Date: _____ Expiration Date: _____ Occupation: _____ Politically Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No  Phone No: _____  Email id: _____	
<b>Beneficial Owner 3:</b> _____% Ownership  <b>Full Legal Name:</b> _____  SSN/PAN/ Tax ID: _____ DOB: _____		<b>Beneficial Owner 4:</b> _____% Ownership  <b>Full Legal Name:</b> _____  SSN/PAN/ Tax ID: _____ DOB: _____	
<b>Address:</b> _____	<b>Residency status:</b> <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person	<b>Address:</b> _____	<b>Residency status:</b> <input type="checkbox"/> U.S. Person <input type="checkbox"/> Non-U.S. Person
<b>ID Information:</b> Type: _____ Issue State/Country: _____ Number: _____ Issue Date: _____ Expiration Date: _____ Occupation: _____ Politically Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No  Phone No: _____  Email id: _____		<b>ID Information:</b> Type: _____ Issue State/Country: _____ Number: _____ Issue Date: _____ Expiration Date: _____ Occupation: _____ Politically Exposed Person: <input type="checkbox"/> Yes <input type="checkbox"/> No  Phone No: _____  Email id: _____	



**Who has to complete this form?**

This form must be completed by the person with the intent to open an account or apply for credit on behalf of a **legal entity** with any of the following U.S. financial institutions: a bank or credit union; a broker or dealer in securities; a mutual fund; a futures commission merchant; or an introducing broker in commodities.

For the purposes of this form, a **legal entity** includes a corporation, limited liability company, or other entity that is created by a filing of a public document with a Secretary of State or similar office, a general partnership, and any similar business entity formed in the United States or a foreign country. Legal entity does not include sole proprietorships or natural persons opening accounts on their own behalf.

**Is identification of a Control Prong required?**

The Control Prong is required for all non-exempt entities. Even if no Beneficial Owner meets the 25% or more ownership threshold, information about a Control Person must be provided. Charities, Non-Profit entities and Pooled Investment Vehicles advised by a non-exempt entity must also identify a Control Prong.

**Can the Control Prong also be a Beneficial Owner/Natural Authorized Person?** Yes. The Control Prong can be a Beneficial Owner and/or a Natural authorized Person.

**What law requires the information contained in this Form?**

31 CFR §1010.230 - Beneficial ownership requirements for legal entity customers.

**Who is a Politically Exposed Person (PEP)?**

A Politically Exposed Person is an immediate family member of a Senior Political Figure, such as parents, siblings, spouse, and children; or a close associate of the SPF. A close associate is a person who is widely and publicly known to maintain an unusually close relationship with the SPF, and includes a person who is in a position to conduct substantial domestic and international financial transactions on behalf of the senior political figure.

**Exemptions**

Below is the list of exemptions to the Beneficial Ownership rule. If qualified for one of these exemptions enter the number corresponding to the exemption in the section above on exemptions:

Note: If you are exempt because you are a Charity or Non-Profit or a Pooled Investment Vehicle advised by a non-exempt entity you must complete the Control Person section in addition to the Certification from the Natural Authorized Person. If you are exempt for any of the other reasons listed in the detailed instructions, the section labeled Certification from Natural Authorized Person must be completed.

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Exemption No	Exemption Title	Enter Yes If Exempted
1	Entities traded on a U.S stock exchange ( NYSE, American or NASDAQ)	
2	A charity or non-profit company (requires a Control Person and a NAP)	
3	A Public Accounting firm registered under section 102 of the Sarbanes-Oxley Act	
4	A Bank regulated by a U.S. state agency	
5	An Insurance company regulated by a U.S. state	
6	A U.S regulated financial institution	
7	An agency of the U.S. Federal government	
8	An agency of a U.S. State government	
9	A U.S. local government agency	
10	A non-U.S. government agency engaged in government activities	
11	A bank holding company	
12	A savings and loan holding company	
13	A financial market utility designated by the Financial Stability Oversight Council	
14	A non-U.S. entity opening a private banking account subject to 31 CFR	
15	A foreign Financial Institution established in a jurisdiction where the regulator of such institution maintains Beneficial Ownership information (requires review and approval by ICICI Bank Limited, New York Branch)	
16	An issuer of a class of securities	
17	An SEC registered investment company, investment advisor, broker dealer or other registered firm with a current SEC registration number	
18	A Commodity Futures Trading Commission registered entity	
19	A pooled investment vehicle that is operated or advised by a financial institution that is exempt from Beneficial Ownership	
20	Non-excluded pooled investment vehicles - those not operated by or advised by a financial institution such as a non-US managed mutual fund, hedged fund or private equity fund (requires Control Person and a NAP).	
21	An Entity, organized in any state under the laws of the United States, with at least 51% of common stock or analogous equity interest held by an entity traded on a U.S. Stock Exchange	
22	Unincorporated Associations (such as scout troops or sport teams/leagues) (Unincorporated associations are excluded and are not required to provide beneficial ownership or signature from a Natural Authorized Person)	

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**4. Account signatories - (In case of additional users please use additional copies of this page)**

**Account signatory 1**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_  
SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_  
Previous address (if present address is less than 24 months old) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking SIGNATURE.....

**Account signatory 2**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_  
SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_  
Previous address (if present address is less than 24 months old) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking SIGNATURE.....

**Account signatory 3**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_  
SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_  
Previous address (if present address is less than 24 months old) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking SIGNATURE.....

**Account signatory 4**

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_  
SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_  
Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_  
Previous address (if present address is less than 24 months old) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking SIGNATURE.....

**5. Corporate Internet Banking Users – (In case of additional users please use additional copies of this page)**

**User 1**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_

SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_

Previous address (if present address is less than 24 months old) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking  Maker  Checker  Sole User

**User 2**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_

SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_

Previous address (if present address is less than 24 months old) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking  Maker  Checker  Sole User

**User 3**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_

SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_

Previous address (if present address is less than 24 months old) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking  Maker  Checker  Sole User

**User 4**

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_ Country of citizenship \_\_\_\_\_

SSN/PAN \_\_\_\_\_ Government ID no. \_\_\_\_\_ Date of birth \_\_\_\_\_

Phone Number \_\_\_\_\_ Email ID \_\_\_\_\_

Previous address (if present address is less than 24 months old) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_ Zip \_\_\_\_\_

Issue Login ID/password for Corporate Internet Banking  Maker  Checker  Sole User



## 6. 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 Bank Limited, 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 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 1-866-424-2448 or send us an e-mail.

## 7. Business resolution

"The business entity shall provide the Branch with a Business resolution (if applicable) for opening an Account pursuant to this Application. This shall be in a format prescribed / satisfactory to the Branch."

## 8. Indemnity relating to 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, 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 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.
- g. That notwithstanding 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 that 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 laws of New York and I/we hereby irrevocably submit to the non-exclusive jurisdiction of federal and state courts located in the Boroughs of Manhattan, New York.

## 9. Acknowledgment

1. We consent and confirm to:
  - (i) the terms and conditions governing bank accounts in the U.S. as well as the terms and conditions contained in the Customer Account Agreement, receipt of which is hereby acknowledged; and
  - (ii) 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.
  - (iii) inform you promptly of changes, if any, in the beneficial owners, for the entity.
2. We understand that on no occasion will our account be permitted by the Branch to go into overdraft.
3. We have read and understood the Privacy Notice and Indemnity relating to instructions given by fax, telephone, and other forms of Electronic Communication (above) and agree to be bound by the same.
4. The information provided in this application is correct to the best of our knowledge and belief.
5. We understand that any checking or other deposit account that we establish with the Branch is not covered by deposit insurance from the Federal Deposit Insurance Corporation ("FDIC").
6. The signatory of the account is a Natural Authorized Person (NAP)

Date \_\_\_\_\_

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ACCOUNT SIGNATORY 1

ACCOUNT SIGNATORY 2

ACCOUNT SIGNATORY 3

ACCOUNT SIGNATORY 4



**10. 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.

**Additionally we also confirm**

We are engaged in internet business or provide services over internet - Yes  No

If Yes:

If the customer engage in an internet gambling business then the business need to share the following three documents:

- Either a copy of the commercial license from a State or tribal authority authorizing the customer to engage in the business or a reasoned legal opinion (as define in the rule) that demonstrates that the business does not involve restricted transactions;
- A written commitment by the customer to advise the participant of any changes in its legal authority to engage in the internet gambling business.
- A third-party certification that the customer's systems for engaging in the internet gambling business are reasonably designed to ensure that the business will remain within legal limits.
- We are not an agency, departments or divisions of federal or state government and entities directly supervised by a Federal functional regulator

Date:

Account Signatory 1

Account Signatory 2

Account Signatory 3

Account Signatory 4

**11. Funding instructions – amount in USD**

By Check	Wire Transfer instructions	
	To - Bank Name	Bank of New York Mellon, New York
	Field 56 – Swift Code (Outside USA)	IRVTUS3N (Intermediary bank)
	Routing number - BONYM (Bank of New York Mellon) (Within USA)	021-000-018
	For Credit to	Account Number 8900676973
	Field 57 - Beneficiary Bank	ICICI Bank Ltd., New York
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"	Final beneficiary	"Your full name as mentioned in this application, New Account". For Example – "John Smith, New Account"

For ACH Credit transactions	
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 XXXXXXXXXXXX

If you are wiring money using a third party account, you must mention the name and address of the third party in the form.

**Completed application forms to be mailed to: ICICI Bank Limited, New York Branch, 575, 5th Ave, Suite 2600, New York, NY 10017**

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**Resolution of the**

Board of Directors of  
Partners of  
Officers/Members of

Having its chief executive office at

The Business resolves that:

1. The Business appoints ICICI Bank Limited, New York Branch ("ICICI Bank") as the Bank of business.
2. Subject to paragraph 6, the directors, partners or members (as applicable) of the Business do, from time to time, authorize ..... , [and..... , either jointly or severally]<sup>1</sup> an "Authorized Individual" to do any of the following:
  - (a) Deposit, withdraw or order transfer of funds from the Business' bank account by means made available by ICICI Bank from time to time and as set out in the Customer Account Agreement;
  - (b) Execute and deliver any agreements or other documents or instruments with or in favor of ICICI Bank, or give any authority to ICICI Bank required in connection with the banking business of the Business whether generally or with regard to any particular transaction, instrument or agreement, including without limitation, ICICI Bank's Customer Account Agreement, as such Customer Account Agreement may be amended by ICICI Bank from time to time;
  - (c) Receive statements, instruments and other items and documents relating to the Business' accounts with or any services of ICICI Bank (including any revisions to ICICI Bank's rules, manuals of operations or terms and conditions) and to settle and certify the Business' accounts with ICICI Bank;
  - (d) Receive from ICICI Bank any software and any security devices, including security cards, codes, personal identification numbers and passwords relating to electronic banking services or electronic communications or communications by telephone between the Business and ICICI Bank;
  - (e) Avail of the "Corporate Internet Banking" facility provided by ICICI Bank;
  - (f) Avail of the financial, monetary and any other products and services as may be offered by ICICI Bank through the Corporate Internet Banking facility on behalf of the Business and to do all such acts and deeds and to execute all such documents as are necessary in connection with the Corporate Internet Banking Facility;
  - (g) Generally to exercise all rights, powers and authorities which the business may exercise under the authority of the constating documents and by-laws (if applicable) of the Business and the laws and regulations relating to or affecting the Business.
3. The provisions contained in any agreement, document or instrument entered into and delivered to ICICI bank, including without limitation, ICICI bank's Customer Account Agreement, as such Customer Account Agreement may be amended by ICICI Bank from time to time, including without limitation the provisions concerning the binding effect of electronic and telephonic communications received by ICICI Bank from or in the name of the Business, and the performance by the Business of its obligations there under, are hereby expressly authorized, sanctioned and approved.
4. Only authorized signatories are permitted to transact on any accounts of the Business held at ICICI Bank and are hereby authorized for and on behalf of the business to do any of the things and deliver, from time to time, any of the agreements, documents or instruments, as the case may be, set forth in paragraph 2 of this Resolution.
5. Subject to paragraph 6, all instructions, acts and things done and documents, agreements and instructions executed on behalf of the business in accordance with the foregoing and delivered to ICICI Bank by <sup>2</sup>[the/ any] Authorized Individual shall be valid and binding upon the Business, [whether or not executed under corporate seal]<sup>3</sup>, and shall be enforceable against the Business and may be rolled and acted upon by the ICICI Bank.
6. Subject to the Customer Account Agreement, the Business may appoint any other authorised individual and revoke the appointment of the Authorized Individual duly appointed herein only by executing a resolution that is duly and validly authorized and binding on the business.
7. The Business shall provide ICICI Bank with a certified copy of this resolution. ICICI Bank is entitled to rely on the certified copy of this resolution as duly and validly authorized and binding on the Business. ICICI does not need to make any further inquiry into the authority of the undersigned to bind the business.
8. There are no provisions in the constating documents, by-laws, unanimous shareholders agreements, documents governing the formation and governance of the business or any other agreement, document or instrument to which the Business is bound which restrict, limit or regulate in any way the powers of the Business, or the powers of the directors, partners, members/officers(as applicable) on behalf of the Business, to do any of the acts and execute any of the documents referred to in the Customer Account Agreement (as such may be amended by ICICI Bank from time to time).

**For Corporate Internet Banking Transactions**

The Business resolves that:

9. The Business accepts, access to Transactions through Corporate Internet Banking ("CIB") offered by ICICI Bank Limited, New York Branch ("ICICI Bank NYB"), which includes but not limited to:
  - ACH Transfer (Push):
    - Fund transfer from ICICI Bank NYB account to any other bank account within the USA
  - Other transfers:
    - Fund transfer from an ICICI Bank NYB to Own Account within New York Branch.
    - Fund transfer from an ICICI Bank NYB account to any other ICICI Bank NYB account.
    - Fund transfer from an ICICI Bank NYB Branch account to an account with ICICI India in INR.
    - Fund transfer from an ICICI Bank NYB account to an account with any bank in India in INR.

- Fund transfer from an ICICI Bank NYB account to any other bank in INR and USD.

10. The Business do, from time to time, authorize the following users to operate CIB

User Name	Role (Maker / Checker)*	Amount from (USD)	Amount Till (USD)

(a) Avail of the financial, monetary and any other products and services as may be offered by ICICI Bank through the Corporate Internet Banking facility on behalf of the Business and to do all such acts and deeds and to execute all such documents as are necessary in connection with the Corporate Internet Banking Facility;

(b) Generally to exercise all rights, powers and authorities which the business may exercise under the authority of the constating documents and by-laws (if applicable) of the Business and the laws and regulations relating to or affecting the Business.

11. Only authorized users mentioned in the above table are permitted to transact on any accounts of the Business held at ICICI Bank and are hereby authorized for and on behalf of the business to do any of the things and deliver, from time to time, any of the agreements, documents or instruments, as the case may be.

12. The Business shall provide ICICI Bank with a certified copy of this resolution. ICICI Bank is entitled to rely on the certified copy of this resolution as duly and validly authorized and binding on the Business. ICICI does not need to make any further inquiry into the authority of the undersigned to bind the business.

There are no provisions in the constating documents, by-laws, unanimous shareholders agreements, documents governing the formation and governance of the business or any other agreement, document or instrument to which the Business is bound which restrict, limit or regulate in any way the powers of the Business, or the powers of the directors, partners, members/officers(as applicable) on behalf of the Business, to do any of the acts and execute any of the documents referred to in the Customer Account Agreement (as such may be amended by ICICI Bank from time to time).

**Certificate**

The undersigned ..... being a/the of the Business, hereby certifies on behalf of the Business that the foregoing is a true copy of a resolution properly passed by the board of directors of the corporation, partners of the partnership, or officers/members of the group (as applicable) of the Business and that the said resolution is now in full force and effect as unamended as the date thereof.

Date \_\_\_\_\_

SIGNATURE.....

<sup>1</sup> To be suitable modified by the entity.

<sup>2</sup> To be suitable modified in accordance with footnote 1 above.

<sup>3</sup> To be amended based on the Articles of Association of the entity.

\*Maker – Individual who makes the transaction entry in the portal for check and authorization. Request would not be submitted to the bank, only from maker end, unless company has mentioned no separate checker.

Checker – Individual(s) who check on the entries made by maker and submit the transaction to bank counters.

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