

## 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:

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

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](http://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](mailto:usaccountmanager@icicibank.com); or Fax it at 1-646-358-4521