

Customer Request Form for Subsequent Savings Account Opening

To,
 ICICI Bank Ltd,
 IBU Gift City,
 Gandhinagar,
 382 355, India.

A) Existing Customer Details:

Name of Applicant/s :- _____
 Customer ID :- _____
 Account Number :- _____
 Mobile No

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N	u	m	b	e	r						
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 Email ID :- _____

B) Choice of Currency

Currency USD GBP EUR Others: _____

C) Mode of Operation

I/we authorize the Bank to rely upon the mode of operation instructed as provided in the existing savings account for the purpose of operation of account in ICICI Bank, IBU GIFT City branch.

D) Nomination Details

I/we wish to (Select from any one of the options provided below):
 Same Nominee as per my/our existing savings account.
 I/we would like to provide the Nomination as per the attached Nomination form.
 No Nomination required for this account.

E) Notes:

- The request must be signed by all the applicants
- If any applicant's passport has expired or a new passport has been issued to any applicant after the account was opened with the bank, please provide duly attested copies of the valid passport.

F) Declarations

- I agree that if my account mentioned above is dormant/inactive, it will be activated based of this request form and by submitting the relevant KYC documents.
- I agree that incase my/our passport details are not available with the bank, the duly attested photocopy of my/our passports submitted with this application will be used to update the records.
- I am aware that all communications will be sent only to the updated communication address in the bank's records.
- I/we hereby agree that I/we have read and understood the terms and conditions and instructions available at www.giftcity.icicibank.com/giftcity/personal-banking/non-indian-residents/savings-account. I/We also agree to be bound by the aforesaid terms and conditions, as may be amended from time to time ("Terms and Conditions"), for my/ our relationship with the ICICI Bank-IBU-GIFT City. I/We also acknowledge and understand that all the capitalized terms used but not defined herein shall have the respective meanings assigned to them under the Terms and Conditions. I/We hereby specifically agree and confirm that the ICICI Bank- IBU-GIFT City shall be entitled to disclose and/ or procure information pertaining to me/ us as provided in the Terms and Conditions.
- I/We understand that the approval of this application form is at ICICI Bank-IBU-GIFT City's sole discretion and the bank may reject my/our application without providing any reasons to me/us. In such a case, no contractual relationship would exist between me/us and ICICI Bank-IBU-GIFT City;
- I/We agree to provide to ICICI Bank-IBU-GIFT City in writing any changes in my/our personal details or communication address or circumstances from time to time. I/We shall be solely responsible to ensure that ICICI Bank-IBU-GIFT City has been informed of such changes

 Primary Applicant Sign

 Joint Applicant 1 Sign

 Joint Applicant 2 Sign

Name of Bank Official authorizing opening of the account		Employee No:		Signature of Bank Official	
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