



***CUSTODIAL SERVICES***

## **Demat Account Opening Form for Individual**

ICICI Bank Ltd  
Empire Complex, 1st Floor, 414 Senapati Bapat Marg,  
Lower Parel (W), Mumbai 400 013

March 01, 2023

## General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

## Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

## Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

## Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

## Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

## Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.

## Statement of account

13. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
14. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Bos and shall resume sending the transaction statement as and when there is a transaction in the account.
15. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
16. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

## Manner of Closure of Demat account

17. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no Page 3 of 4 charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
18. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

## Default in payment of charges

19. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
20. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

## Liability of the Depository

21. As per Section 16 of Depositories Act, 1996,
  1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
  2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

## Freezing/ Defreezing of accounts

22. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
23. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority, Redressal of Investor grievance
24. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

## Authorised representative

25. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

## Law and Jurisdiction

26. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
27. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
28. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
29. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI.
30. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
31. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

<b>ICICI BANK LTD</b> Empire Complex, 1 <sup>st</sup> Floor, 414 Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.		<b>Client – ID</b> (To be filled by Participant) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	
I/We request you to open a depository account in my/our name as per the following details: (Please fill all the details in CAPITAL LETTERS only)		<b>DP-ID</b> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 2px;"></div>	
PMS client account <input type="checkbox"/> Yes <input type="checkbox"/> No		Date: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
PMS SEBI Registration number <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			
<b>A. DETAILS OF ACCOUNT HOLDER(S)</b>			
<b>Name:</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<b>Name:</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>PAN:</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		<b>PAN:</b> <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Occupation: (please tick any one and give brief details) <input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify: _____)		Occupation: (please tick any one and give brief details) <input type="checkbox"/> Private Sector <input type="checkbox"/> Agriculturist <input type="checkbox"/> Public Sector <input type="checkbox"/> Retired <input type="checkbox"/> Government Service <input type="checkbox"/> Housewife <input type="checkbox"/> Business <input type="checkbox"/> Student <input type="checkbox"/> Professional <input type="checkbox"/> Others (Please specify: _____)	
Brief details: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Brief details: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Email: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Email: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Mobile No.: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Mobile No.: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
I declare that the above mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).		I declare that the above mobile number or E-mail ID belongs to <input type="checkbox"/> Me or <input type="checkbox"/> My family (spouse, dependent children and dependent parents).	
<b>B. For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name &amp; PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:</b>			
Name: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		PAN: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>C. TYPE OF ACCOUNT</b>			
<input type="checkbox"/> Ordinary Resident <input type="checkbox"/> NRI-Repatriable <input type="checkbox"/> Qualified Foreign Investor <input type="checkbox"/> Foreign National <input type="checkbox"/> Margin <input type="checkbox"/> Others (Please specify) _____ <input type="checkbox"/> NRI - Non Repatriable			
<b>D. GROSS ANNUAL INCOME DETAILS</b>			
Income Range per annum (please tick any one): <input type="checkbox"/> Below ₹1 lac <input type="checkbox"/> ₹1-5 lac <input type="checkbox"/> ₹5-10 lac <input type="checkbox"/> ₹10-25 lac <input type="checkbox"/> More than ₹25 lac			
<b>E. IN CASE OF NRIS/ FOREIGN NATIONALS</b>			
RBI Approval Reference Number: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		RBI Approval Date: <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	
<b>F. BANK DETAILS</b>			
Bank account type: <input type="checkbox"/> Savings Account <input type="checkbox"/> Current Account <input type="checkbox"/> Others (Please specify) _____			
Bank Account Number: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Bank Name: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
Branch Address: <div style="border: 1px solid black; width: 100%; height: 40px;"></div>			
City/town/village: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		PIN code: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
State: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		Country: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
MICR Code: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		IFSC: <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	
<b>G. STANDING INSTRUCTIONS</b>			
I/We authorise you to receive credits automatically into my/our account: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account to be operated through Power of Attorney (PoA): <input type="checkbox"/> Yes <input type="checkbox"/> No			
Account to be operated through Demat Debit and Pledge Instructions (DDPI): <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>SMS Alert facility:</b> [Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form]			
Sole/First Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No		Second Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Third Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No		Third Holder: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mode of receiving Statement of Account: <input type="checkbox"/> Physical Form <input type="checkbox"/> Electronic Form [Refer Note 9 and ensure that email ID is provided in KYC Application Form]. [Tick any one]			

<b>H. PLEASE TICK, IF APPLICABLE</b>	Politically Exposed Person (PEP) <input type="checkbox"/>	Related to a Politically Exposed Person (PEP) <input type="checkbox"/>	NA <input type="checkbox"/>
<b>I. GUARDIAN DETAILS (WHERE SOLE HOLDER IS A MINOR):</b>			
[For account of a minor, two KYC Application Forms must be filled i.e. one for the guardian and another for the minor <i>(to be signed by guardian)</i> ]			
Guardian Name: <input style="width: 80%;" type="text"/>			
PAN: <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Relationship of guardian with minor: <input style="width: 60%;" type="text"/>			
<b>J. DELIVERY INSTRUCTION SLIP (DIS) BOOKLET FACILITY</b>			
<i>(to be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/ Participant/Portfolio Manager and do not intend to open a Basic Services Demat Account)</i>			
<input type="checkbox"/> Yes, I / we wish to receive DIS Booklet at the time of account opening.			
<input type="checkbox"/> No, however, the DIS booklet should be issued to me / us immediately on my / our request at any later date.			
<b>K. NOMINATION OPTION</b>			
<input type="checkbox"/> I/We wish to make a nomination. <small>[Details are provided in Nomination Form prescribed by SEBI]</small>		<input type="checkbox"/> I/We wish to opt out of a nomination. <small>[Declaration Form opting out of nomination as prescribed by SEBI]</small>	
<b>L. MODE OF OPERATIONS AND COMMUNICATION FOR JOINT ACCOUNTS</b>			
a. Mode of Operation <input type="checkbox"/> Jointly <input type="checkbox"/> Anyone of the holder or survivor(s)			
b. Communication to be sent to <input type="checkbox"/> First holder <input type="checkbox"/> All joint account holders			
If Mode of Operation for Joint Account is chosen as anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter-Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities will be permitted.			
<b>DECLARATION</b>			
The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant" in <input type="checkbox"/> Physical <input type="checkbox"/> Electronic.			
I/We understand that the details furnished in this form (like PAN , Date of birth etc.) would be utilized by ICICI Bank Ltd to fetch my / our KYC details from various KYC (Know Your Client) Registration Agency (KRA) and Central KYC Records Registry (CKYCR). We hereby provide our consent for fetching of such information.			
I/We also provide consent for sharing the Aadhar data and documents with KRA for validation of KYC information, as per regulatory requirement.			
I/ We confirm that the information and data as available on my CKYC & KRA registries is true, correct, valid and updated and ICICI Bank Ltd can rely on this information for opening this Demat account.			
In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.			
I agree and acknowledge that ICICI Bank Limited has been appointed as the custodian by my Portfolio Manager and shall have control over the account by way of a Power of Attorney issued by the Portfolio Manager in its favour. I represent that such Power of Attorney has been issued under due authorization from me to the Portfolio Manager and agree to keep ICICI Bank Limited indemnified from all losses caused due to acting upon such Power of Attorney			
<b>Depository Services – Tariff Schedule</b>			
Name of holder:			
Signature of all holders:	<input checked="" type="checkbox"/> Signature of Sole/First Holder	<input checked="" type="checkbox"/> Signature of Second Holder	<input checked="" type="checkbox"/> Signature of Third Holder
Witness:	<input checked="" type="checkbox"/> Witness Name and signature (In case any of the account holders provide thumb impressions)		

**Notes :**

1) All Charges will be billed on monthly basis. 2) Bank Account maintenance, PINS Application and CA Certification charges are additional. 3) All charges are including depository charges but excluding GST and any other statutory levies, if applicable. 4) Services other than those mentioned above will be charged for additionally. 5) ICICI Bank shall debit the charges from the current account of the client, without prior intimation, any time after fifteen days of dispatch of bill. 6) ICICI Bank reserves the right to review the tariff. 7) All communication shall be sent at the address of the Sole/First holder only. 8) Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate. 9) Signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate. 10) The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required. 11) For receiving Statement of Account in electronic form: I. Client must ensure the confidentiality of the password of the email account. II. Client must promptly inform the Participant if the email address has changed. III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice. 12) Post activation of demat account the Client Master Report and the scanned copy of charge structure may be provided at the email address recorded in the system. 13) Strike off whichever is not applicable. 14) In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise. 15) In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at point G under "Mode of receiving Statement of Account". In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at point G under "Mode of receiving Statement of Account" and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

**FOR OFFICE USE ONLY****IN PERSON AND KYC VERIFICATION CARRIED OUT BY**

Emp. Name:	<input type="text"/>	Emp. Designation:	<input type="text"/>
Emp. Code:	<input type="text"/>	Emp. Company:	<input type="text"/>

⊗ [Employee Signature & Company Stamp]

**ACKNOWLEDGEMENT**

ICICI BANK LTD, Empire Complex, 1st Floor, 414 Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013

DP-ID

Received the application from Mr/Ms \_\_\_\_\_ as the sole/first holder  
 alongwith \_\_\_\_\_ and  
 \_\_\_\_\_ as the second and third  
 holders respectively for opening of a depository account. Please quote the DP ID & Client ID allotted to you in all your future correspondence.

Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Participant Stamp & Signature

☐ I/We wish to make a nomination. *[As per details given below]*

☐ I/We wish to cancel the nomination made by me / us earlier and consequently all rights and liabilities in respect of beneficiary ownership in the securities held by me / us in the said account shall vest in me / us. [Strike off the nomination details below]

I/We wish to make a nomination and do hereby nominate the following person(s) who shall receive all securities held in the Depository by me/us in the said beneficiary owner account in the event of my / our death.

Nomination can be made upto three nominees in the account.		Details of 1 <sup>st</sup> Nominee		Details of 2 <sup>nd</sup> Nominee		Details of 3 <sup>rd</sup> Nominee	
Name of the nominee(s) (Mr./Ms.):							
Share of each Nominee: <small>Equally [If not equally, please specify percentage]</small> <input type="text"/>		%		%		%	
Relationship With the Applicant: ( If Any)							
Address of Nominee(s):							
PIN code: <input type="text"/>		PIN code: <input type="text"/>		PIN code: <input type="text"/>		PIN code: <input type="text"/>	
Mobile/Telephone No. of nominee(s):							
Email ID of nominee(s):							
Nominee Identification details: <small>(Please tick any one of following and provide details of same)</small>							
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID							
Below fields should be filled only if nominee(s) is a minor.							
Date of Birth: {in case of minor nominee(s)}		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Guardian (Mr./Ms.): <small>[incase of minor nominee(s)]</small>							
Address of Guardian(s):							
PIN code: <input type="text"/>		PIN code: <input type="text"/>		PIN code: <input type="text"/>		PIN code: <input type="text"/>	
Mobile/Telephone no. of Guardian:							
Email ID of Guardian:							
Relationship of Guardian with nominee:							
Guardian Identification details: <small>(Please tick any one of following and provide details of same)</small>							
<input type="checkbox"/> Photograph & Signature <input type="checkbox"/> PAN <input type="checkbox"/> Aadhaar <input type="checkbox"/> Saving Bank account no. <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Demat Account ID							
Name(s) of holder(s)				Signature(s) of holder			
Sole/ First Holder (Mr./Ms.):				⊗			
Second Holder (Mr./Ms.):				⊗			
Third Holder (Mr./Ms.):				⊗			

Name of Witness:	Address of Witness:	Signature of Witness:

1.) The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form. 2.) A minor can be nominated. In that event, the name and address of the Guardian of the minor nominee shall be provided by the beneficial owner. 3.) The Nominee(s) shall not be trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time. 4.) Nomination in respect of the beneficiary owner account stands rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities. 5.) Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir. 6.) The cancellation of nomination can be made by individuals only holding beneficiary owner accounts on their own behalf singly or jointly by the same persons who made the original nomination. Non-individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot cancel the nomination. If the beneficiary owner account is held jointly, all joint holders will sign the cancellation form. 7.) On cancellation of the nomination, the nomination shall stand rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s). 8.) Nomination can be made upto three nominees in a demat account. In case of multiple nominees, the Client must specify the percentage of share for each nominee that shall total up to hundred percent. In the event of the beneficiary owner not indicating any percentage of allocation/share for each of the nominees, the default option shall be to settle the claims equally amongst all the nominees. 9.) On request of Substitution of existing nominees by the beneficial owner, the earlier nomination shall stand rescinded. Hence, details of nominees as mentioned in the FORM 10 at the time of substitution will be considered. Therefore, please mention the complete details of all the nominees. 10.) Copy of any proof of identity must be accompanied by original for verification or duly attested by any entity authorized for attesting the documents, as provided in Annexure D. 11.) Savings bank account details shall only be considered if the account is maintained with the same participant. 12.) DP ID and client ID shall be provided where demat details is required to be provided.



भारतीय प्रतिभूति और विनिमय बोर्ड  
Securities and Exchange Board of India

Declaration Form for opting out of nomination

Date:

To

ICICI Bank Ltd,  
Empire Complex, 1st Floor,  
414, Senapati Bapat Marg, Lower Parel (W),  
Mumbai – 400013

UCC/DP ID	I	N						
Client ID (only for Demat account)								
Sole/First Holder Name								
Second Holder Name								
Third Holder Name								
<p>I / We hereby confirm that I / We do not wish to appoint any nominee(s) in my / our trading / demat account and understand the issues involved in non-appointment of nominee(s) and further are aware that in case of death of all the account holder(s), my / our legal heirs would need to submit all the requisite documents / information for claiming of assets held in my / our trading / demat account, which may also include documents issued by Court or other such competent authority, based on the value of assets held in the trading / demat account.</p>								
<p align="center">Name and Signature of Holder(s)*</p>								
<p>1. _____ 2. _____ 3. _____</p>								

\*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Name of Witness:	Address of Witness:	Signature of Witness:

To: ICICI Bank Ltd

Date:        **PART I - PLEASE FILL IN THE COUNTRY FOR EACH OF THE FOLLOWING (APPLICABLE FOR ALL CUSTOMERS):**

Country of:	Sole / First Holder	Second Holder	Third Holder
Birth:			
Citizenship:			
Residence for Tax Purposes: <i>If multiple countries of tax residences, please specify countries</i>	1) 2)	1) 2)	1) 2)
Current Residence: <i>(Overseas Country for NRI)</i>			
US Person (Yes / No):			
Residential Status: <i>(Resident / Non-Resident)</i>			

**Part II - (a) If in all fields above, the country mentioned by you is India (except in case of seafarers) and if you do not have US person status, please proceed to Part IV for signature.**

**(b) If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or Functional equivalent as issued in the specific country in the table below:**

1	<input type="checkbox"/> TIN	TIN / FE Number	TIN / FE Number	TIN / FE Number
	<input type="checkbox"/> Functional Equivalent	FE Document Name	FE Document Name	FE Document Name
	Country Of Issue			
2	<input type="checkbox"/> TIN	TIN / FE Number	TIN / FE Number	TIN / FE Number
	<input type="checkbox"/> Functional Equivalent	FE Document Name	FE Document Name	FE Document Name
	Country Of Issue			

**(c) If you satisfy the criteria mentioned in II (b) above, but do not have Taxpayer Identification Number/ Functional Equivalent, please tick the reason for the same as given below:**

A. I am a person resident outside India with: (Choose Only if Applicable) For first time goes TIN / Functional Equivalent is to be communicated to the bank within 90 days, else the account will get closed.  OR  B. I am a person resident in India, as well as resident for tax purpose in India. (Also fill Part III)	<input type="checkbox"/> A <input type="checkbox"/> Country not issuing TIN / Functional Equivalent <input type="checkbox"/> Dependent Visa <input type="checkbox"/> Student <input type="checkbox"/> Seafarer <input type="checkbox"/> First time visit to country of residence	<input type="checkbox"/> A <input type="checkbox"/> Country not issuing TIN / Functional Equivalent <input type="checkbox"/> Dependent Visa <input type="checkbox"/> Student <input type="checkbox"/> Seafarer <input type="checkbox"/> First time visit to country of residence	<input type="checkbox"/> A <input type="checkbox"/> Country not issuing TIN / Functional Equivalent <input type="checkbox"/> Dependent Visa <input type="checkbox"/> Student <input type="checkbox"/> Seafarer <input type="checkbox"/> First time visit to country of residence
	<input type="checkbox"/> B <input type="checkbox"/> Visa / Residence / Work Permit / CDC Number	<input type="checkbox"/> B <input type="checkbox"/> Visa / Residence / Work Permit / CDC Number	<input type="checkbox"/> B <input type="checkbox"/> Visa / Residence / Work Permit / CDC Number

**(d) In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available, provide reason/s for not having relinquishment certificate.**  
*Please also fill Part III Self-Certification.*

**Part III - Self-Certification.**

*To be filled only if - (a) Any of the indicia parameters is outside India and TIN or functional equivalent is not available since not a resident for tax purpose outside India, or (b) Country of Birth is US and US person is mentioned as "No" in Part I.*

A. I confirm that I am not a US person and not a resident for tax purpose of US, though my country of Birth is US.  B. I confirm that I am not a resident for tax purpose of any country other than India and US though one or more parameters suggest my relation with the country outside India  Therefore, I am providing the following document as proof of my citizenship and / or residency in India,	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Election ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Letter <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Gov ID Card	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Election ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Letter <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Gov ID Card	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> Passport <input type="checkbox"/> PAN Card <input type="checkbox"/> Election ID Card <input type="checkbox"/> Driving License <input type="checkbox"/> UIDAI Letter <input type="checkbox"/> NREGA Job Card <input type="checkbox"/> Gov ID Card
---	---	---	---

**Part IV - Customer Declaration (Applicable for all Customers)**

I/ Under penalty of perjury, I certify that: 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (Applicable only if the account holder is identified as a US person) or 2. The applicant is taxable as a tax resident under the laws of country outside India. (Applicable only if the account holder is a tax resident outside of India) (ii) I understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA / CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. (iii) I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. (iv) I agree that as may be required by domestic regulators/tax authorities the Bank may also be required to inform reportable details to CBOT or close or suspend my account. I shall seek advice from professional tax advisor for any queries (v) I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the applicant.

NAME OF HOLDER	NAME OF HOLDER	NAME OF HOLDER
⊗ Signature of Sole/First Holder	⊗ Signature of Second Holder	⊗ Signature of Third Holder



Date: 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

To,  
ICICI Bank Ltd  
Custody Services  
Mumbai

Dear Sir/Madam,

Mandatory Fields		Sole / First Holder	Second Holder	Third Holder
<b>A.</b>	PAN Card No	PAN NO	PAN NO	PAN NO
<b>B.</b>	Supporting Document	NAME	NAME	NAME
		NUMBER (IF AVAILABLE)	NUMBER (IF AVAILABLE)	NUMBER (IF AVAILABLE)
<b>Part I – If name does not match between PAN card and Supporting Document. (Please fill if applicable)</b>				
<b>C.</b>	My name appearing on PAN card is			
<b>D.</b>	My name appearing on the supporting document is:			
<b>E.</b>	Please open Demat Account with name as per my:	DOCUMENT NAME	DOCUMENT NAME	DOCUMENT NAME
<b>Declaration:</b> I confirm that the names appearing on the PAN card and my supporting document belongs to me and they are one and the same individual. I will furnish all the necessary documents required under any act, rules, regulations or any statute or legislation or any other applicable laws or notifications, directions issued by any governmental or statutory authority issued from time to time.				
<b>Part 2 – If the signature recorded is different than the Supporting Document. (Please tick if applicable)</b>				
<b>F.</b>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Declaration:</b> With reference to my PAN Card mentioned above and the account opening form submitted herewith, I request you to record with yourselves my signature as given below. The signature recorded in the PAN card is different either because of lapse of time / my signature has changed. I confirm that my details and signature provided are true and updated. I undertake not to hold ICICI Bank or any of its officials responsible for any direct, indirect, claims, loss suffered by me due to ICICI Bank undertaking of any of the aforementioned actions. In case of significant variation of signature with the supporting documents I will be submitting signature verification letter attested by bank official.				
NAME OF FIRST HOLDER		NAME OF SECOND HOLDER		NAME OF THIRD HOLDER
Signature of Sole / First Holder		Signature of Second Holder		Signature of Third Holder

# CENTRAL KYC REGISTRY | Know Your Customer (KYC) Application Form | Individual-First Holder

## Important Instructions:

- A) Fields marked with '\*' are mandatory fields.

B) Tick ✓ wherever applicable

C) Please fill the form in English and in BLOCK letters.

D) Please fill the date in DD-MM-YYYY format.

E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.

F) Please read section wise detailed guidelines / instructions at the end.

G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.

H) List of two character ISO 3166 country codes is available at the end.

I) KYC number of applicant is mandatory for update application.

J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

### For office use only

(To be filled by financial institution)

Application Type\* :

☐ New ☐ Update

KYC Number :

(Mandatory for KYC update request)

Account Type\* :

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

## 1. PERSONAL DETAILS\*

Name* : (Same as ID proof)	<input type="text"/> Prefix	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name
Maiden Name: (If any*)	<input type="text"/> Prefix	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name
Father / Spouse Name*:	<input type="text"/> Prefix	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name
Mother Name*	<input type="text"/> Prefix	<input type="text"/> First Name	<input type="text"/> Middle Name	<input type="text"/> Last Name

Date of Birth :         Gender : ☐ Male ☐ Female ☐ Transgender Marital Status : ☐ Single ☐ Married ☐ Others

Citizenship : ☐ Indian ☐ Others (ISO 3166 country code   ) PAN\* :            ☐ Form 60 furnished

Residential Status\* : ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

## 2. PROOF OF IDENTITY AND ADDRESS\*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> Passport Number	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>
<input type="checkbox"/> NREGA Job Card	<input type="text"/>
<input type="checkbox"/> National Population Register Letter	<input type="text"/>
<input type="checkbox"/> Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>

Please affix your recent passport size photograph

Signature below photograph

### Address

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

## 3. CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

<input type="checkbox"/> Passport Number	<input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>
<input type="checkbox"/> Driving Licence	<input type="text"/>
<input type="checkbox"/> NREGA Job Card	<input type="text"/>
<input type="checkbox"/> National Population Register Letter	<input type="text"/>
<input type="checkbox"/> Proof of Possession of Aadhaar	<input type="text"/>
II <input type="checkbox"/> KYC Authentication	<input type="text"/>
III <input type="checkbox"/> Offline verification of Aadhaar	<input type="text"/>

IV ☐ Deemed Proof of Address - Document Type code

V ☐ Self Declaration

### Address

Line 1\*

Line 2

Line 3  City/Town/Village\*

District\*  Pin/Post Code\*  State/U.T Code\*  ISO 3166 Country Code\*

#### 4. CONTACT DETAILS

Tel. (Off.) :  Tel. (Res.) :  Mobile :

Email ID :

## 5. REMARKS (If any)

[illegible]

## 6. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only


Date : 
 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

  
 Place : 
 

--	--	--	--	--	--	--	--	--	--

---

 Signature/Thumb Impression of Applicant

## 7. ATTESTATION/FOR OFFICE USE ONLY

## 7. ATTESTATION/FOR OFFICE USE ONLY

Documents Received: ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process  
☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
---------------------------------	---------------------

Date : 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

\_\_\_\_\_

--

--	--

--

[Employee Signature]

INSTITUTION DETAILS					

\_\_\_\_\_

--

[Institution Stamp]

# CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual-Second Holder

## Important Instructions:

- A) Fields marked with '\*' are mandatory fields.  
 B) Tick ✓ wherever applicable  
 C) Please fill the form in English and in BLOCK letters.  
 D) Please fill the date in DD-MM-YYYY format.  
 E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.  
 G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 H) List of two character ISO 3166 country codes is available at the end.  
 I) KYC number of applicant is mandatory for update application.  
 J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

### For office use only

(To be filled by financial institution)

Application Type\* :

☐ New ☐ Update

KYC Number :

(Mandatory for KYC update request)

Account Type\* :

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

## 1. PERSONAL DETAILS\*

Name* : (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name: (If any*)	Prefix	First Name	Middle Name	Last Name
Father / Spouse Name*:	Prefix	First Name	Middle Name	Last Name
Mother Name*	Prefix	First Name	Middle Name	Last Name

Date of Birth :         Gender : ☐ Male ☐ Female ☐ Transgender Marital Status : ☐ Single ☐ Married ☐ Others

Citizenship : ☐ Indian ☐ Others (ISO 3166 country code   ) PAN\* :           ☐ Form 60 furnished

Residential Status\* : ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

## 2. PROOF OF IDENTITY AND ADDRESS\*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number

☐ Voter ID Card

☐ Driving Licence

☐ NREGA Job Card

☐ National Population Register Letter

☐ Proof of Possession of Aadhaar

II ☐ KYC Authentication

III ☐ Offline verification of Aadhaar

Please affix your  
recent passport  
size photograph

Signature below photograph

### Address

Line 1\*

Line 2

Line 3

District\*           Pin/Post Code\*       State/U.T Code\*   ISO 3166 Country Code\*

## 3. CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number

☐ Voter ID Card

☐ Driving Licence

☐ NREGA Job Card

☐ National Population Register Letter

☐ Proof of Possession of Aadhaar

II ☐ KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed Proof of Address - Document Type code

V ☐ Self Declaration

### Address

Line 1\*

Line 2

Line 3

District\*           Pin/Post Code\*       State/U.T Code\*   ISO 3166 Country Code\*

#### 4. CONTACT DETAILS

Tel. (Off.) :  Tel. (Res.) :  Mobile :   
 Email ID :

5. REMARKS (If any)	
---------------------	--

[illegible]

## 6. APPLICANT DECLARATION


- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place : 

--	--	--	--	--	--	--	--

 Signature/Thumb Impression of Applicant

## 7. ATTESTATION/FOR OFFICE USE ONLY

Documents Received: ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process  
☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY	
---------------------------------	--

## INSTITUTION DETAILS

Date :

D

D

M

M

Y

Y

Y

Y

Emp. Name :	
Emp. Code :	
Emp. Designation :	
Emp. Company :	

[Employee Signature]

Name : \_\_\_\_\_

Code :

[Institution Stamp]

**Important Instructions:**

- A) Fields marked with '\*' are mandatory fields.  
 B) Tick ✓ wherever applicable  
 C) Please fill the form in English and in BLOCK letters.  
 D) Please fill the date in DD-MM-YYYY format.  
 E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
- F) Please read section wise detailed guidelines / instructions at the end.  
 G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.  
 H) List of two character ISO 3166 country codes is available at the end.  
 I) KYC number of applicant is mandatory for update application.  
 J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

**For office use only**

(To be filled by financial institution)

Application Type\* :

☐ New ☐ Update

KYC Number :

                   (Mandatory for KYC update request)

Account Type\* :

☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)
**1. PERSONAL DETAILS\***

Name* : (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name: (If any*)	Prefix	First Name	Middle Name	Last Name
Father / Spouse Name*:	Prefix	First Name	Middle Name	Last Name
Mother Name*	Prefix	First Name	Middle Name	Last Name

Date of Birth :         Gender : ☐ Male ☐ Female ☐ Transgender Marital Status : ☐ Single ☐ Married ☐ Others

Citizenship : ☐ Indian ☐ Others (ISO 3166 country code   ) PAN\* :           ☐ Form 60 furnished

Residential Status\* : ☐ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

**2. PROOF OF IDENTITY AND ADDRESS\***

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number

☐ Voter ID Card

☐ Driving Licence

☐ NREGA Job Card

☐ National Population Register Letter

☐ Proof of Possession of Aadhaar

II ☐ KYC Authentication

III ☐ Offline verification of Aadhaar

Please affix your  
recent passport  
size photograph

Signature below photograph

**Address**

Line 1\*

Line 2

Line 3

District\*

Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

**3. CURRENT ADDRESS DETAILS**☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

☐ Passport Number

☐ Voter ID Card

☐ Driving Licence

☐ NREGA Job Card

☐ National Population Register Letter

☐ Proof of Possession of Aadhaar

II ☐ KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed Proof of Address - Document Type codeV ☐ Self Declaration**Address**

Line 1\*

Line 2

Line 3

District\*

Pin/Post Code\*

State/U.T Code\*

ISO 3166 Country Code\*

#### 4. CONTACT DETAILS

Tel. (Off.) :  Tel. (Res.) :  Mobile :

Email ID :

5. REMARKS (If any)	
---------------------	--

[illegible]

## 6. APPLICANT DECLARATION


- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : 

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

 Place : 

--	--	--	--	--	--	--	--

 Signature/Thumb Impression of Applicant

## 7. ATTESTATION/FOR OFFICE USE ONLY

Documents Received: ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process  
☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY	
---------------------------------	--

## INSTITUTION DETAILS

Date :

D

D

M

M

Y

Y

Y

Y

Emp. Name :	
Emp. Code :	
Emp. Designation :	
Emp. Company :	

[Employee Signature]

Name : \_\_\_\_\_

Code :

[Institution Stamp]