



RSP Savings Account / GIC (New Customers)

Please tell us what type of RSP Plan you would like to open:

- Individual RSP Plan
- Spousal RSP Plan (spouse or common law partner)

FOR OFFICE USE	Annuitant CIF No.: _____
	Contributor CIF No.: _____
	Initial Funds Deposited A/c No.: _____
	Initial Funds Deposited Date (dd-mm-yyyy): _____
	Initial Funds Deposited in Savings A/c (\$): _____
	Initial Funds Deposited in GIC A/c (\$): _____
	<input type="checkbox"/> Cash: \$ _____
	<input type="checkbox"/> Cheque: \$ _____
	For GIC, Value Date (dd-mm-yyyy): _____
	Lead Generator Emp. ID: _____
Lead Converter Emp. ID: _____	
Notes (if any): _____	

*** Mandatory field**

ANNUITANT INFORMATION

Title*	First Name*	Middle Name	Last Name*	Date of Birth* (dd-mm-yyyy)
Mother's Maiden Name* (For your protection, we require this information for future verification)				Social Insurance Number*
Home Address*	City*	Province*	Postal Code*	Country of Residence CANADA
Home Phone Number*	Cell Phone Number	Email Address*		
Mailing Address (if different from home address)	City	Province	Postal Code	Country
Are you a PEP*? ⇨ Click here for the definition of PEP <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable				
How did you hear about us? <input type="checkbox"/> Print ad <input type="checkbox"/> Radio ad <input type="checkbox"/> TV ad <input type="checkbox"/> News/Story <input type="checkbox"/> Outdoor ad <input type="checkbox"/> Telephone call <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Sponsorship/Event <input type="checkbox"/> Word of mouth <input type="checkbox"/> Others (please specify): _____				

EMPLOYMENT INFORMATION

Nature of Profession*	Industry*	Title*
Primary Business Function* ⇨ Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.		
Company Name	Business Phone Number	Length of Time Employed ____ year(s) ____ month(s)

CONTRIBUTOR INFORMATION (applicable only for spousal plans)

Title	First Name*	Middle Name	Last Name*	Date of Birth* (dd-mm-yyyy)
Mother's Maiden Name* (For your protection, we require this information for future verification)				Social Insurance Number*
Home Address*	City*	Province*	Postal Code*	Country of Residence CANADA
Home Phone Number*	Cell Phone Number	Email Address*		
Mailing Address (if different from home address)	City	Province	Postal Code	Country
Are you a PEP*? ⇨ Click here for the definition of PEP <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable				

EMPLOYMENT INFORMATION

Nature of Profession*	Industry*	Title*
Primary Business Function* ⇨ Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.		
Company Name	Business Phone Number	Length of Time Employed ____ year(s) ____ month(s)

BENEFICIARY INFORMATION (Complete this section if you would like to designate a beneficiary)

I designate the person below as Beneficiary. †

Beneficiary First Name*	Middle Name	Last Name*	Relationship to Annuitant*
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CIF No. (applicable if beneficiary is an existing customer):

† Your designation of a beneficiary is subject to applicable laws. You may wish to discuss this designation with your legal advisor. If no beneficiary is designated, all amounts under this Account(s) will be payable to your estate and distributed in accordance with applicable laws.

SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN*

You may choose more than one option:

Type of Account	<input type="checkbox"/> RSP Savings	Deposit Amount: CAD \$ _____			
	<input type="checkbox"/> RSP GIC †	Deposit Amount: CAD \$ _____	Term: _____ year(s)	Interest Rate: _____ %	

Type of Contribution	<input type="checkbox"/> New Contribution
	<input type="checkbox"/> Transfer In (Copy of RSP Transfer Application Form attached)

† On maturity, the maturity value will be auto-renewed for the same term as per the original GIC at the prevailing interest rate at time of maturity.

INVESTMENT DETAILS *

Maturity Instructions	<input type="checkbox"/> Auto Invest
	<input type="checkbox"/> Reinvest Principal plus Interest for _____ year(s)
	<input type="checkbox"/> Credit Principal plus Interest to RSP Savings Account Account No. _____

OTHER PARTY INFORMATION (This section must be completed)Will this account be used by or on behalf of any another party who is not an account holder in this application: No Yes

If yes, please complete the section below.

Name of the Other Party*				
Address of the Other Party*	City*	Province*	Postal Code*	Country*
Occupation or type of business of the Other Party			Relationship to the Other Party	
Other Party Business Incorporation Number (if applicable)			Place of Incorporation (if applicable)	

AUTHORIZATION

I hereby confirm that the information provided is true and correct. I agree that ICICI Bank Canada the ("Bank") will verify the information provided above and will clear my cheque upon receipt. I have received, read and understood the following terms and conditions: (a) RSP Savings Account Terms and Conditions, (b) Website Terms of Use, (c) Privacy Policy, (d) Access to Basic Banking, (e) Filing a Complaint, (f) Disclosure Statement, and (g) Coercive Tied Selling. I request that ICICI Bank Canada apply for registration of my Plan in accordance with Section 146 of the Canadian income Tax Act and if necessary, with any Provincial Tax Act. I hereby consent to the Bank collecting, using and disclosing my personal information for the purposes identified in the Bank's Privacy Policy, which I have received, read and understood. I understand that the Bank reserves the right to carry out any other additional checks, including credit checks for verification purposes on me.

X _____ **X** _____ **Date** (dd-mm-yyyy)

Annuitant's Signature* **Initials**

ACCOUNT APPLICATION REQUIREMENT

If you open an account at one of our branches, you need to complete this RSP Application Form and provide two (2) pieces of identification (ID), ensuring that at least one piece is from the Primary Identification (Schedule A). The details of Primary Identification (Schedule A) and Secondary Identification (Schedule B) are mentioned in the Access to Basic Banking brochure.

FOR OFFICE USE

Customer IDs Presented (ID Document Name and Number):*	
1. _____	_____
ID Number: _____	Expiry Date (dd-mm-yyyy): _____
2. _____	_____
ID Number: _____	Expiry Date (dd-mm-yyyy): _____

Prepared By:*	_____	X	_____	_____
	Maker Employee	ID Maker Employee Name	Maker Employee Signature	Date (dd-mm-yyyy)

Verified By:*	_____	X	_____	_____
	Verifier Employee	ID Verifier Employee Name	Verifier Employee Signature	Date (dd-mm-yyyy)

Date: _____
(mm-dd-yyyy)

ANNUITANT

CONTRIBUTOR

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Subject: **Acknowledgement of GIC/Term Deposit Request**

DETAILS OF REQUEST	
Initial Funds:	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque
Principal Amount:	\$ _____
Maturity Period:	_____ year(s)
Interest Rate:	_____ %
Currency:	CAD
Deposit Type:	Redeemable

We acknowledge having received your request for an account with the Bank. Please note that the above details form part of the acknowledgement of your request. If it is a GIC or Term Deposit request, a certificate with all prescribed details will be mailed to you within 7-10 business days of processing the deposit request.

Please find enclosed our current Disclosure Statement for information on applicable service charges and information regarding the GIC and Term Deposit. These products are also subject to the Bank's Terms and Conditions. You may access the Disclosure Statement and Terms and Conditions at www.icicibank.ca. For any clarifications with respect to the above deposit, please contact our call centre at 1-888-424-2422.

**Thank you for banking with us.
We appreciate your business. We look forward to seeing you again.**

All ICICI Bank Canada products and services are subject to terms and conditions, which are available at www.icicibank.ca or at any branch.

TERMS & CONDITIONS

Early Redemption

- Redeemable GICs (Canadian Dollar): Early redemption is available only on GICs with terms of 1 year and above. Interest is paid only if early redemption is made at least 6 months after opening the GIC**. No interest is paid for early redemption on GIC if the redemption is made within 6 months of opening the GIC.
- Non-Redeemable GICs (Canadian Dollar): Early redemption is not available.
- Redeemable Term Deposits (US Dollar): Early redemption is available only on Term Deposits with terms of 1 year and above. Interest is paid only if early redemption is made at least 6 months after opening the deposit**. No interest is paid for early redemption on Term Deposits with tenure of 1 year and above if the redemption is made within 6 months of opening the GIC. **US Dollar Term Deposits are not CDIC insured.**

Interest Calculation

- All GICs and Term Deposits: Interest is compounded annually and payable at the Maturity Date.
- The annual rate of interest is fixed over the tenure of the GIC and Term Deposit.

CDIC

The GICs are eligible for deposit insurance from the Canada Deposit Insurance Corporation ("CDIC"), subject always to maximum coverage limitations as outlined in CDIC's brochure "Protecting Your Deposits" and provided the deposits are in Canadian funds, are payable in Canada, and have a term of no more than 5 years.

For further information, please contact CDIC at 1-800-461-CDIC (2342) or visit their website at [http://www.cdic.ca/Protecting Your Deposits.html](http://www.cdic.ca/Protecting>Your%20Deposits.html)

Auto Invest / Renewals

If Auto Invest / Renewal has been chosen:

- The renewed GIC or Term Deposit may be issued to you upon the maturity of the present GIC/Term Deposit without a further agreement being entered into;
- The renewed GIC/Term Deposit will have a fixed interest rate. This rate will be the most recent rate for the applicable deposit published on the Bank's website at www.icicibank.ca at the time of renewal;
- The renewed GIC/Term Deposit will have the same Maturity Period as the initial GIC/Term Deposit; and
- If the GIC/Term Deposit has been auto renewed and you wish to cancel the deposit, you may do so within a period of 10 business days from the date of renewal. No charges will be applicable for cancellation within this period.

Note: If Auto Invest / Renewal check box under Maturity Instructions is left blank, the GIC will not be automatically renewed at Account Maturity Date.

** Please refer to our current Disclosure Statement available at the branches or visit our website at www.icicibank.ca or call the customer contact centre at 1-888-424-2422 for information on interest rate for early redemption, applicable charges and information regarding the GIC and Term Deposit. Please note that the GIC/Term Deposit is also subject to Terms and Conditions and Guaranteed Investment Certificates and Term Deposits Terms and Conditions, which are subject to change from time to time and which you may access at www.icicibank.ca or a branch. The Disclosure Statement and Terms and Conditions, as may be amended from time to time, together with this GIC Certificate, constitute an express agreement between you and the Bank with respect to the GIC/Term Deposit.

PEP Definition

Politically Exposed Person (PEP) is defined as a person (or immediate family member of a person*) who is either,

- a) Head of state or head of government;
- b) Member of the executive council of government or member of a legislature;
- c) Deputy minister or equivalent rank;
- d) Ambassador or attaché or counsellor of an ambassador;
- e) Military officer with a rank of general or above;
- f) President of a state-owned company or a state-owned bank;
- g) Head of a government agency;
- h) Judge;
- i) Leader or president of a political party represented in a legislature;
- j) Holder of any prescribed office or position; or
- k) Prescribed family member of such a person.

* The prescribed family members of a politically exposed person include the following:

- a) Person's spouse or common-law partner;
- b) Child of the person;
- c) Person's mother or father;
- d) Mother or father of the person's spouse or common-law partner; and
- e) Child of the person's mother or father.

If you satisfy any of the above conditions and

1. are associated with Canadian entity, please select option "**Local**" or
2. are associated with other foreign entity, please select "**Foreign**"

Else, please select "**Not Applicable**"

INSTRUCTIONS:

1. Locate the Primary Business Function below and place the cursor at the beginning of the Primary Business Function
2. Highlight and copy the Primary Business Function
3. Click on the button "Return to Application" on the right side of this page
4. Once back in the Application, place the cursor on the Primary Business Function field and paste it

LIST OF PRIMARY BUSINESS FUNCTIONS FOR EACH INDUSTRY**Auto Dealer**

Boat Dealer
Car/Truck Dealer
Rental Companies

Brokerage

Brokerage (Regulated)
Insurance Brokerage
Mortgage Brokerage
Real Estate Brokerage

Casino

Casino
Casino, Online

Charity, Registered

Charity, Registered

Charity, Unregistered

Charity, Unregistered

Civil Aviation

Airline

Consulting Firm

Consulting Firm
Engineering Consulting
Financial Intermediary Structures
Immigration Consulting
Import/Export Consulting
IT Consulting
Management Consultancy
Manpower Provider

Education

College
School
University

**Financial Institutions
(Regulated)**

Bank
Cooperative Credit Association
Cooperative Retail Association
Credit Union
Insurance Company

Financial Services

Cheque Casher
Currency Exchange Houses
Loan Arranging Business
Merchants of stored valued cards
Money Remittance Business
Money Service Business (MSB)
Small Loans Provider
Trusts
White label ATMs

Government Services

City Counselor
City Employee
Community and Social Service Worker
Fire Fighter
Member of Parliament
Police Officer

Health Care

Clinics
Hospitals
Laboratories, Diagnostic centers

Holding and Trust Companies

Accounting Firm holding accounts for clients
Holding Company
Intermediary structures
Investment Company
Law Firm holding accounts for clients
Trust Company

Hospitality and Tourism

Hotels
Travel Agency

Information Technology

IT Consulting Firm

Legal, Accounting, Tax

Accounting Company
Tax Company

Not-for-Profit Organizations

Not-for-profit Organization

Off-Shore Company

Off-shore Companies

Other

Accountant
Auto Sales person
Cab Driver
Immigration Consultant
IT Consultant
Real Estate Agent
Salesperson working on commission
Tax Consultant
Taxi Driver
Truck Driver

Personal Services

Beauty salons
Landscaping
Private Health Care Provider

Precious Metals and Stones

Jewellery Dealer
Precious Metals Dealer

Retail Store

Convenience Store
Electronics, Retail
Food and entertainment
Grocery Store
High-end or Luxury products business
Lotto Shops
Pawnbrokers
Restaurant
Retail / Wholesale shops
Retail shops/outlets

Small/Medium Enterprise

Accounting Firm
Antiques Dealer
Art Dealer Auction House
Construction
Courier Service
Delivery Service
Family Owned Holding Company
Import/Export
Investment company (Personal/family)
Oil and Gas (stations and providers)
Pharmaceutical
Real Estate Agencies
Renovations
Transportation Company
Travel Agency
Trust Company (Personal/family)