



## PERSONAL ACCOUNTS (New Customers)

Pers Acct New (04/2013) - Online  
**APPLICATION FORM**

FOR OFFICE USE	Initial Funds Deposited A/c No.: _____	Primary ABM Card No.: _____
	Initial Funds Deposited Date (dd-mm-yyyy): _____	Secondary ABM Card No.: _____
	Initial Funds Deposited in Chequing A/c (\$): _____	Primary CIF No.: _____
	Initial Funds Deposited in Savings A/c (\$): _____	Secondary CIF No.: _____
	<input type="checkbox"/> Cash: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD	Lead Generator Emp. ID: _____
	<input type="checkbox"/> Cheque: _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD	Lead Converter Emp. ID: _____
Notes (if any): _____		

\* **Mandatory Field**

### APPLICANT 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)				Revenue Canada requires ICICI Bank Canada to include your Social Insurance Number on tax receipts. Social Insurance Number*
Home Address*				
City*	Province*	Postal Code*	Country of Residence CANADA	Length of Time at Current Address ____ year(s) ____ month(s)
Home Phone Number*	Cell Phone Number	Email Address*		
Mailing Address (if different from home address)		City	Province	Postal Code Country CANADA
Are you a PEP*? ⇨ <a href="#">Click here for the definition of PEP</a> <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"/> Promo Code: _____ <input type="checkbox"/> Sponsorship / Event <input type="checkbox"/> Word of mouth <input type="checkbox"/> Others _____				

### EMPLOYMENT INFORMATION

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

### INTENDED USE\*

<input type="checkbox"/> Salary Deposit	<input type="checkbox"/> Bill Payments	<input type="checkbox"/> Joint Savings with spouse or common-law partner
<input type="checkbox"/> Other Deposits	<input type="checkbox"/> Money Transfers	<input type="checkbox"/> Others: _____

### JOINT APPLICANT INFORMATION (if applicable)

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)				Revenue Canada requires ICICI Bank Canada to include your Social Insurance Number on tax receipts. Social Insurance Number*
Home Address*				
City*	Province*	Postal Code*	Country of Residence CANADA	Length of Time at Current Address ____ year(s) ____ month(s)
Home Phone Number*	Cell Phone Number	Email Address*		
Mailing Address (if different from home address)		City	Province	Postal Code Country CANADA
Are you a PEP*? ⇨ <a href="#">Click here for the definition of PEP</a> <input type="checkbox"/> Local <input type="checkbox"/> Foreign <input type="checkbox"/> Not Applicable				

### JOINT APPLICANT EMPLOYMENT INFORMATION (if applicable)

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

**SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN \***

You may chose more than one option: ☐ C\$ Premium Savings Account ☐ C\$ HiVALUE Chequing Account ☐ C\$ HiVALUE PLUS Chequing Account  
☐ US\$ Premium Savings Account ☐ US\$ HiVALUE Chequing Account

Do you wish to receive cheque book? ☐ Yes ☐ No

Do you wish to receive monthly physical statements? ☐ Yes ☐ No

Note: You will receive your statements by e-mail free of charge. A monthly charge will apply for physical statements.

**OTHER PARTY INFORMATION (This section must be completed)**

Will this account be used by on behalf of any other 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* CANADA
Occupation or type of business of the other Party*		Relationship to the other Party*		
Business Incorporation Number (if applicable)		Place of Incorporation (if applicable)		

**AUTHORIZATION**

I/We hereby confirm that the information provided is true and correct. I/We agree that ICICI Bank Canada (the "Bank") will verify the information provided above and will clear my/our cheque(s) upon receipt. I/We have received, read and understood the following terms and conditions (a) Website Terms of Use, (b) Account Terms and Conditions, (c) ABM card Holder Agreement, (d) Privacy Policy, (e) Access to Basic Banking, (f) Filing a Complaint, (g) Disclosure Statement, (h) Coercive Tied Selling, and (i) Interest Rate Chart. I/We hereby consent to the Bank collecting, using and disclosing my personal information for the purposes identified in the Bank's Privacy Policy, which I/We have received, read and understood. I/We understand that ICICI Bank Canada reserves the right to carry out any other additional checks for verification purpose on me/us. In Joint Accounts, we understand that ICICI Bank Canada will honour a cheque or withdrawal from the Joint Account that has been signed or authorized, as applicable, by anyone of us.

<b>X</b> _____ Applicant Signature	<b>X</b> _____ Initials	_____ Date (dd-mm-yyyy)
<b>X</b> _____ Joint Applicant Signature (applicable only for Joint Accounts)	<b>X</b> _____ Initials (applicable only for Joint Accounts)	_____ Date (dd-mm-yyyy)

**ACCOUNT APPLICATION REQUIREMENT**

If you open an account at one of our branches, you need to complete this Personal Accounts 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****Primary Customer IDs Presented (ID Document Name and Number):\***

1. \_\_\_\_\_  
ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

2. \_\_\_\_\_  
ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

**Secondary Customer IDs Presented (ID Document Name and Number) – (applicable only for Joint Accounts):**

1. \_\_\_\_\_  
ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

2. \_\_\_\_\_  
ID Number: \_\_\_\_\_ Expiry Date (dd-mm-yyyy): \_\_\_\_\_

**Prepared by:\***

_____ Maker Employee ID	_____ Maker Employee Name	<b>X</b> _____ Maker Employee Signature	_____ Date (dd-mm-yyyy)
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**Verified by:\***

_____ Verifier Employee ID	_____ Verifier Employee Name	<b>X</b> _____ Verifier Employee Signature	_____ Date (dd-mm-yyyy)
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## 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 Cashier  
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)