

Customer Information Update Form- Non-Individual and TASC customer

★ Customer ID: <input type="text"/> Customer ID: <input type="text"/>	★ Account Number : <input type="text"/> Account Number : <input type="text"/>
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☐ Current account
 ☐ Exchange Earner's Foreign Currency Account(EEFC)
 ☐ Special Saving Account
 Others: _____

FCRA Account: ☐ Yes ☐ No (Please tick the applicable box)
 FCRA Utilization Account: ☐ Yes ☐ No (Please tick the applicable box)

★ Account Title / Name :

★ Address:

In case of any changes in address or contact details please visit the branch

☐ There is no change in our mailing address
 ☐ I / We wish to change our mailing address as below

House No. :
 Building Name:

Building Level.:
 Street No:
 Street Name:

Land Mark :
 Locality:

City:
 State:
 ★ PIN code :
 Country: (Please specify if other than India)

★ Tel No.: STD Code: (R) (O) STD Code: (O)

Mobile No. :
 E-mail ID:

★ Customer Profile

- Education (For Individual / Sole proprietor accounts only) : ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professionals ☐ Not applicable
- Occupation : ☐ Self Employed ☐ Salaried ☐ Retired ☐ Housewife ☐ Student ☐ Farmer ☐ Others (Please specify)
- Type of Profession (Self employed /Professional): ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Consultant ☐ Engineer ☐ Others (Please specify)
- Nature of Business: ☐ Services ☐ Trading ☐ Manufacturing ☐ Agriculture Related ☐ Retailing ☐ Stock Broker ☐ Real Estate ☐ Others
- Annual Sales Turnover (in ₹): ☐ <40 lac ☐ 40 Lac to < 5 Cr ☐ 5Cr to < 25 Cr ☐ 25 Cr to < 100 Cr ☐ > = 100 Cr. ☐ Not Applicable
- Type of industry: Please specify # Code : to be filled by bank official
- Source of Funds : ☐ Business Income ☐ Rental income ☐ Agriculture Income ☐ Grants ☐ Donation ☐ Other
- Whether Exports ☐ Imports ☐ IEC Code Value of Export : (₹. Lacs. pa) Value of Import : (₹. Lacs. pa) Not Applicable ☐ Both ☐

★ Signatures and Photographs

Authorised Signatory 1 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Paste a recent passport size photograph here (30mm X 40 mm) </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Signature (Name:- _____) </div>	Authorised Signatory 2 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Paste a recent passport size photograph here (30mm X 40 mm) </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Signature (Name:- _____) </div>
Authorised Signatory 3 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Paste a recent passport size photograph here (30mm X 40 mm) </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Signature (Name:- _____) </div>	Authorised Signatory 4 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Paste a recent passport size photograph here (30mm X 40 mm) </div> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> Signature (Name:- _____) </div>

Please enclose

- Existence proof of entity :
- Address proof of entity :
- Identity proof of Authorised Signatory 1:
- Identity proof of Authorised Signatory 2 :

5. Identity proof of Authorised Signatory 3 :
6. Photograph & Identity proof of POA holder, if applicable :
7. List of Beneficiary owners :
8. Any other documents:

Note : 1. The address on this form should be same as in supporting documents. 2. If there are more than 3 signatories, use photocopies of this form.
 3. The submitted data is valid for all account numbers held in your Customer Ids. 4. There is no change in constitution documents.
 *Code numbers to be viewed from Intranet (address : Business Groups>WBG>Support group>General Banking group>GBO>Current account>list of codes) and appropriate codes to be written.

OWNERSHIP AND CONTROL STRUCTURE INFORMATION SHEET

(Applicable for Authorized Signatories, Proprietor, Karta, Partners, Directors, Trustees, Grantors, Settlers and Beneficiaries Owners)

Account Title/Name :

1.Name* (Mr./Mrs./Ms./Dr)

*Date of Birth: *Nationality:

*Designation: Directors ☐ Beneficial owner ☐ Shareholder ☐ Partner ☐ Proprietor ☐ Trustee ☐ Grantors ☐ Settlers and beneficiaries of Trust ☐ Karta ☐ Communities Members for Society/Club/ Association ☐ Joint Account holders ☐ Others ☐ (Please specify)

Signatory Status: Authorised Signatory ☐ Non Authorised Signatory ☐

PAN : DIN/DPIN:

*Type of Identity Proof :

Identity Proof: Number *Gender : ☐ Male ☐ Female

Type of Address Proof :

Address Proof Number :

*Communication Address

(House Office/Shop No.): Premises/Building Name :

Floor No. : Street No. : Street Name:

Landmark: Locality:

City: State:

PIN code: Country: Mobile : +91 No.

(O) STD Code : (O) E-mail ID:

I/We have existing relationship with ICICI Bank ☐ Yes ☐ No (If yes then please provide Customer ID/Ac No.)

2.Name* (Mr./Mrs./Ms./Dr)

*Date of Birth: *Nationality:

*Designation: Directors ☐ Beneficial owner ☐ Shareholder ☐ Partner ☐ Proprietor ☐ Trustee ☐ Grantors ☐ Settlers and beneficiaries of Trust ☐ Karta ☐ Communities Members for Society/Club/ Association ☐ Joint Account holders ☐ Others ☐ (Please specify)

Signatory Status: Authorised Signatory ☐ Non Authorised Signatory ☐

Signatory Status: Authorised Signatory ☐ Non Authorised Signatory ☐

PAN : DIN/DPIN:

*Type of Identity Proof :

Identity Proof: Number *Gender : ☐ Male ☐ Female

Type of Address Proof :

Address Proof Number :

*Communication Address

*(House Office/Shop No.): Premises/Building Name :

Floor No. : Street No. : Street Name:

Landmark: Locality:

*City: State:

PIN code: Country: Mobile : +91 No.

(O) STD Code : (O) E-mail ID:

I/We have existing relationship with ICICI Bank ☐ Yes ☐ No (If yes then please provide Customer ID/Ac No.)

3.Name* (Mr./Mrs./Ms./Dr)

*Date of Birth: *Nationality:

*Designation: Directors ☐ Beneficial owner ☐ Shareholder ☐ Partner ☐ Proprietor ☐ Trustee ☐ Grantors ☐ Settlers and beneficiaries of Trust ☐ Karta ☐ Communities Members for Society/Club/ Association ☐ Joint Account holders ☐ Others ☐ (Please specify)

Signatory Status: Authorised Signatory ☐ Non Authorised Signatory ☐

