



**NOTE:** Brokers are not permitted to accept cash with the Application Form. Brokers are not permitted to issue a receipt. The Company will in no way be responsible for such or other wrong tenders

## 1. SOURCING DETAILS

HFC Employee Name::	_____	HFC Employee ID :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Broker's Name :	<b>SURE FINSERV</b>	Code No. :	<b>E 2 8 0 8 2 4</b> <input type="text"/> <input type="text"/>
Employee Name :	_____	Sub Broker Code :	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Channel Name :	_____	Branch SOL ID (applicable only for ICICI Bank)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	City :	_____
		State:	_____

Customer ID No.:      Appl. No.:      ICICI HFC SOL ID:

## 2. LATEST PHOTOGRAPH

Affix photo  
of first Signatory  
(with cross  
signatures)

Affix photo  
of second Signatory  
(with cross  
signatures)

Affix photo  
of third Signatory/  
guardian (with cross  
signatures)

(IN BLOCK LETTERS)

Name of Sole/First Depositor																													
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Other	<input type="checkbox"/>																				
PAN No.																													
Name of Second Depositor																													
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Other	<input type="checkbox"/>																				
PAN No.																													
Name of Third Depositor																													
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Other	<input type="checkbox"/>																				
PAN No.																													
Name of Guardian (in case depositor is a minor)																													
Mr.	<input type="checkbox"/>	Mrs.	<input type="checkbox"/>	Ms.	<input type="checkbox"/>	Dr.	<input type="checkbox"/>	Other	<input type="checkbox"/>																				
PAN No.																													

### 3. FIXED DEPOSITS SCHEME DETAILS

<b>ICICI HFC Deposit Receipt No. (in case of renewal):</b>														<b>Maturity Instructions</b> (Tick whichever applicable)		
<input type="checkbox"/> Renew only Principal amount		<input type="checkbox"/> Renew Principal and Interest amount														
<b>Tenure:</b>		Months				Days				<b>Rate of Interest</b>				%		
<b>Income Plans:</b>																
<input type="checkbox"/> Cumulative <small>(Annualised yield)</small>		<input type="checkbox"/> Monthly		<input type="checkbox"/> Quarterly		<input type="checkbox"/> Yearly										

#### 4. CATEGORY

☐ Shareholder of ICICI HFC ☐ Director/Relative of Director of ICICI HFC  
☐ Promoter of ICICI HFC ☐ Public

## 5. DEPOSIT PAYABLE TO

**Deposit Payable to:** ☐ First Depositor  
☐ First Depositor or Survivor

Senior Citizen (above 60 years)

☐ Yes ☐ No

## 6. MODE OF OPERATION

☐ Single - signature of all depositors mandatory. ☐ Either/Survivor - the customer hereby consents and acknowledges that either of the joint FD holder may provide instructions for Account Operation.

☐ Joint - signature of all depositors mandatory. ☐ Former/Survivor - the customer hereby consents and acknowledges that only the primary account holder may provide instructions for Account Operation.

## 7. PAYMENT ACCOUNT DETAILS OF PRIMARY HOLDER

(Please refer to the clause on Repayment of deposits & Interest Payments)

Amount of Deposit ₹

Mode of Payment ☐ Cheque ☐ RTGS/ NEFT

(Cheque/ RTGS/ NEFT No : \_\_\_\_\_ Dated \_\_\_\_\_)

(in words) \_\_\_\_\_

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

Branch \_\_\_\_\_

## 8. REPAYMENT ACCOUNT DETAILS OF PRIMARY HOLDER

☐ Savings Account    ☐ Current Account    ☐ NRO Account

Account Number

11 Digit IFSC Code

All payments will be made primarily through electronic mode. (please refer ECS clause)

## 9. BANK ACCOUNT DETAILS OF JOINT HOLDERS

Second Depositor   
 Bank Name:   
 Branch:   
☐ Savings Account ☐ Current Account ☐ NRO Account  
 Account Number   
 11 Digit IFSC Code

**Third Depositor**

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

Branch\_\_\_\_\_

☐ Savings Account     
 ☐ Current Account     
 ☐ NRO Account

Account Number

11 Digit IFSC Code

\*We shall treat this as a consent for repayment of interest/principal amount in secondary holders' bank account in case the repayment fails in primary holder account.

## 9. TAX STATUS

Tax to be exempted: Yes ☐ No ☐ ☐ Form 15H ☐ Form 15G ☐ Any other Tax Exemption Certificate (For 60 years of age and above)

If yes, proof submitted Yes ☐ No ☐

Fixed Deposit Receipt No. of other ICICI Home Finance FD(s), if any:

[illegible]

**10. NOMINATION (Mandatory)** ☐ Please tick if nominee's name should not be printed on Deposit Receipt

☐ Please tick if nominee's name should not be printed on Deposit Receipt

I/We \_\_\_\_\_ (name(s) & address(es) of the depositor(s)) nominate the following person (details provided hereunder) to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by ICICI Home Finance Company, \_\_\_\_\_ Branch (name and address of branch in which deposit is held).

[illegible][illegible][illegible][illegible]

Pin						STD Code							Resi No.						
-----	--	--	--	--	--	----------	--	--	--	--	--	--	----------	--	--	--	--	--	--

State \_\_\_\_\_ If nominee is a minor \_\_\_\_\_

[illegible]

Below details required only in case Nominee is a minor:  
As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. \_\_\_\_\_ (name, address and age) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place: \_\_\_\_\_ Date: 

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

Name of witness \_\_\_\_\_ Signature of witness \_\_\_\_\_

Address(es) of witness(es) \_\_\_\_\_

I/We \_\_\_\_\_ (name(s) & address(es) of the depositor(s)) nominate the following person (details provided hereunder) to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by ICICI Home Finance Company, \_\_\_\_\_ Branch (name and address of branch in which deposit is held).

[illegible][illegible][illegible][illegible][illegible][illegible][illegible]

Below details required only in case Nominee is a minor:  
As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. \_\_\_\_\_ (name, address and age) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place: \_\_\_\_\_ Date: 

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

Name of witness \_\_\_\_\_ Signature of witness \_\_\_\_\_

Address(es) of witness(es) \_\_\_\_\_

I/We \_\_\_\_\_ (name(s) & address(es) of the depositor(s)) nominate the following person (details provided hereunder) to whom in the event of my death the amount of deposit in the account, particulars whereof are given below, may be returned by ICICI Home Finance Company, \_\_\_\_\_ Branch (name and address of branch in which deposit is held).

Name of Nominee	Share	%

House/ Flat No. Bldg. Name

[illegible][illegible]

Pin							STD Code									Resi No.								
-----	--	--	--	--	--	--	----------	--	--	--	--	--	--	--	--	----------	--	--	--	--	--	--	--	--

State  If nominee is a minor

Relationship with depositor, if any Age  his date of birth

Below details required only in case Nominee is a minor:  
As the nominee is a minor on this date, I/We appoint Shri/Smt./Kum. \_\_\_\_\_ (name, address and age) to receive the amount of the deposit on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

Place: \_\_\_\_\_ Date: 

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

Name of witness \_\_\_\_\_ Signature of witness \_\_\_\_\_

Address(es) of witness(es) \_\_\_\_\_

I/we hereby agree and undertake that, in consideration of issuance of Fixed Deposit Receipt which has not been collected by me/we in person and separate instructions have been given for delivery, which may be irretrievably lost, I/we hereby keep the Entity indemnified from and against all such losses, costs or damages which the Entity may sustain or incur or which may be claimed against Entity.

[illegible]

DECLARATIONS BY DEPOSITOR/S

- ### ADDITIONAL DECLARATION

Signature or thumb impression  
of Depositor/s

Sole/ First Depositor    
  Guardian (if applicable)    
  Second Depositor    
  Third Depositor

Page 4 of 11

## KNOW YOUR CUSTOMER (KYC) FORM\* - INDIVIDUAL

The information is sought under Prevention of Money Laundering Act, 2002, the rules notified thereunder and RBI's KYC guidelines on "Anti Money Laundering Standards". For existing Depositor, the information furnished herein will supersede the information available in the records of ICICI Home Finance.

**Important Instructions:** A) Fields marked with '\*\*' are mandatory fields. B) Please fill the form in English and in BLOCK Letters C) Please fill the date in DD-MM-YYYY format. D) List of State/ U.T code as per Indian Motor Vehicle Act, 1988 is available on the web site. E) List of two character ISO 3166 country codes is available on the web site. F) KYC Number of applicant is mandatory for update application. G) For particular section update, please tick (✓) in the box available before the section number and strike off the sections not required to be updated.

For office use only

Application Type

☐ New ☐ Updated

KYC Number

☐ (First applicant)

(Second applicant)

(Third applicant/ Guardian)

(To be filled by financial Institution]Mandatory for KYC update request)

Account Type ☐ Normal ☐ Minor ☐ Aadhar OTP based E KYC (in non face to face mode)

	Sole/First Mr./Mrs./Ms./Dr.	Second Mr./Mrs./Ms./Dr.	Third/ Guardian Mr./Mrs./Ms./Dr.
NAME (IN BLOCK LETTERS AS PER ID PROOF)			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender
Date of Birth	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>	<div> <div>D</div> <div>D</div> <div>M</div> <div>M</div> <div>Y</div> <div>Y</div> <div>Y</div> <div>Y</div> </div>
Place/City of Birth			
Maiden Name			
Father's Name			
Mother/ Spouse Name (not mandatory)			
Name of Guardian (in case of Minor)			
Citizenship	<input type="checkbox"/> Indian/ <input type="checkbox"/> <input type="text"/> <input type="text"/> Country Code** (Only in case of Other Citizenship)	<input type="checkbox"/> Indian/ <input type="checkbox"/> <input type="text"/> <input type="text"/> Country Code** (Only in case of Other Citizenship)	<input type="checkbox"/> Indian/ <input type="checkbox"/> <input type="text"/> <input type="text"/> Country Code** (Only in case of Other Citizenship)
Permanent Account Number (PAN*) (Attach self-attested copy of PAN Card/ Form 60*)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Mobile No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email ID			
Primary Document : Proof of Identity to be provided by Applicant (Please submit copy of ANY ONE of the following self- attested documents)	<input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID Card <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Others <input type="checkbox"/> Driving License	<input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID Card <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Others <input type="checkbox"/> Driving License	<input type="checkbox"/> Passport <input type="checkbox"/> Voter's ID Card <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Others <input type="checkbox"/> Driving License
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others	<input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Others
Occupation Type	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized	<input type="checkbox"/> S-Service <input type="checkbox"/> Private Sector <input type="checkbox"/> Public Sector <input type="checkbox"/> Govt. Sector <input type="checkbox"/> O-Others <input type="checkbox"/> Professional <input type="checkbox"/> Self Employed <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Student) <input type="checkbox"/> B-Business <input type="checkbox"/> X- Not Categorized
Gross Household Income ₹	<input type="text"/> or <input type="checkbox"/> Less than ₹1 lakh <input type="checkbox"/> ₹1-3 Lakh <input type="checkbox"/> ₹3-5 lakh <input type="checkbox"/> ₹5-10lakhs <input type="checkbox"/> ₹10 lakhs +	<input type="text"/> or <input type="checkbox"/> Less than ₹1 lakh <input type="checkbox"/> ₹1-3 Lakh <input type="checkbox"/> ₹3-5 lakh <input type="checkbox"/> ₹5-10lakhs <input type="checkbox"/> ₹10 lakhs +	<input type="text"/> or <input type="checkbox"/> Less than ₹1 lakh <input type="checkbox"/> ₹1-3 Lakh <input type="checkbox"/> ₹3-5 lakh <input type="checkbox"/> ₹5-10lakhs <input type="checkbox"/> ₹10 lakhs +
Permanent Address			
House No/ Building Name			
Street Name			
Area			
Landmark			
City			
State			
Pin code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Proof of Address to be provided by Applicant (Please submit copy of ANY ONE of the following self-attested documents)	<input type="checkbox"/> Passport <input type="checkbox"/> Job card by NREGA <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Voter's ID Card <input type="checkbox"/> Driving License	<input type="checkbox"/> Passport <input type="checkbox"/> Job card by NREGA <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Voter's ID Card <input type="checkbox"/> Driving License	<input type="checkbox"/> Passport <input type="checkbox"/> Job card by NREGA <input type="checkbox"/> Aadhar Card <input type="checkbox"/> Voter's ID Card <input type="checkbox"/> Driving License
(# Driving Licence not accepted as a proof of address for the state of Maharashtra)			
Status	<input type="checkbox"/> Resident Individual(s) <input type="checkbox"/> HUF <input type="checkbox"/> NRI <input type="checkbox"/> POI <input type="checkbox"/> Foreign National <input type="checkbox"/> Other (Please specify).....	<input type="checkbox"/> Resident Individual(s) <input type="checkbox"/> HUF <input type="checkbox"/> NRI <input type="checkbox"/> POI <input type="checkbox"/> Foreign National <input type="checkbox"/> Other (Please specify).....	<input type="checkbox"/> Resident Individual(s) <input type="checkbox"/> HUF <input type="checkbox"/> NRI <input type="checkbox"/> POI <input type="checkbox"/> Foreign National <input type="checkbox"/> Other (Please specify).....

Signature/Thumb impression  
of Depositor/s

Sole/ First Depositor

Second Depositor

Third Depositor/ Guardian





Address

Line 1\*

Line 2

Line 3

District\*

PIN/ Post Code\*

State/ UT Code\*

City/Town/ Village\*

ISO 3166Country code\*

#### 4. CONTACT DETAIL

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

#### 5. REMARKS (if any)

#### 6. APPLICANT DECLARATION

- I hereby declare that the details furnished above are true and correct to the best of my knowledge and belief and I 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 aware that I may be held liable for it.
- I/we hereby consent to receiving information from Central KYC Registry through SMS/ email on the above registered number/ email address.

Date: DD - MM - YYYY

Place:

Signature/ Thumb impression of Authorised Person(s)

#### 7. ATTESTATION/ FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document ☐

##### KYC VERIFICATION CARRIED OUT BY

Identity Verification

☐ Done

Date DD - MM - YYYY

Emp. Name

Emp. Code

Emp. designation

Emp. Branch

Employee Signature

##### INSTITUTION DETAILS

Name

Code

Institution Stamp

end of kyc form

KYC- Related Person Pg. 2 of 2

## Additional Information for NRI Applicant(s)

### Applicant 1

(To be filled if applicant's residence for Tax purpose in jurisdiction(s) out side India)

#### ADDITIONAL DETAILS REQUIRED\*

(Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

(Residence for tax purposes in jurisdiction(s) outside India)

PAN / Tax Identification Number or equivalent (If issued by jurisdiction)\*

Aadhaar Number

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

☐

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

☐

Same as Current / Permanent / Overseas Address details

☐

Same as Correspondence / Local Address details

Line 1\*

Line 2

Line 3

City / Town / Village\*

State\*

ZIP / Post Code\*

ISO 3166 Country Code\*

### Applicant 2

(To be filled if applicant's residence for Tax purpose in jurisdiction(s) out side India)

#### ADDITIONAL DETAILS REQUIRED\*

(Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

(Residence for tax purposes in jurisdiction(s) outside India)

PAN / Tax Identification Number or equivalent (If issued by jurisdiction)\*

Aadhaar Number

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

☐

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

☐

Same as Current / Permanent / Overseas Address details

☐

Same as Correspondence / Local Address details

Line 1\*

Line 2

Line 3

City / Town / Village\*

State\*

ZIP / Post Code\*

ISO 3166 Country Code\*

### Applicant 3

(To be filled if applicant's residence for Tax purpose in jurisdiction(s) out side India)

#### ADDITIONAL DETAILS REQUIRED\*

(Mandatory only if section 2 is ticked)

ISO 3166 Country Code of Jurisdiction of Residence\*

(Residence for tax purposes in jurisdiction(s) outside India)

PAN / Tax Identification Number or equivalent (If issued by jurisdiction)\*

Aadhaar Number

Place / City of Birth\*

ISO 3166 Country Code of Birth\*

☐

ADDRESS IN THE JURISDICTION DETAILS WHERE APPLICANT IS RESIDENT OUTSIDE INDIA FOR TAX PURPOSES\* (Applicable if section 2 is ticked)

☐

Same as Current / Permanent / Overseas Address details

☐

Same as Correspondence / Local Address details

Line 1\*

Line 2

Line 3

City / Town / Village\*

State\*

ZIP / Post Code\*

ISO 3166 Country Code\*