

## CLIENT CONSENT, DISCLOSURE AND IDENTIFICATION AGREEMENT

### SCHEDULE E

#### ICICI Bank Canada ('ICICI' or the 'Bank')

- and -

\_\_\_\_\_ ('Financial Representative' or 'FR')

- and -

\_\_\_\_\_ ('Client')

I, the Client of ICICI, acknowledge that the Financial Representative has described the following commercial and legal arrangements between ICICI, the Financial Representative and myself;

1. The Financial Representative is independent of ICICI and is not a member of the ICICI group of companies. The Financial Representative is not an agent, employee, partner or involved in a joint venture with ICICI.
2. The Financial Representative may receive remuneration paid by ICICI for products and services of ICICI that the Financial Representative markets to a Client. The Client agrees that the details of such remuneration have been explained to the Client to his/her satisfaction.
3. The Client has been provided with this form prior to entering into any obligations concerning the procurement of any particular service(s) or product(s) of ICICI.
4. The Client has been provided a copy of the following agreements governing the use of an ICICI account and use of ICICI services, as applicable to the business of the Client with ICICI, and has read and agrees to the terms and conditions set out in these agreements:
  - (i) Terms and Conditions Governing the Direct Banking Service of ICICI Bank Canada, if the Client makes use of the direct banking service offered by ICICI ("Direct Banking");
  - (ii) Account Terms and Conditions, in the form applicable to the Client's account with ICICI;
  - (iii) Website Terms of Use, if the Client makes use of Direct Banking;
  - (iv) Privacy Policy; and
  - (v) Disclosure Statement, as applicable to the Client's account with ICICI.
5. The Client hereby agrees that ICICI and the Financial Representative shall have the following rights and abilities concerning all of the Client's accounts at ICICI (the "Accounts"):
  - (i) Financial Representative will have the right to access the Accounts and view all details about the Client and the Accounts held by the Client at ICICI;
  - (ii) ICICI and the Financial Representative will have the right to share information about the Client with each other for the purpose of transacting deposit business for the Client;
  - (iii) Financial Representative will have the right to open new accounts on behalf of the Client at ICICI; and
  - (iv) Financial Representative will have the right to forward to ICICI any cheques or payment items provided to Financial Representative by the Client and ICICI shall accept such cheques or payment items as if received directly from the Client.
6. The Client agrees that it shall not hold ICICI liable, responsible or obligated to the Client in any manner, or to any extent whatsoever, in any connection with the Financial Representative, and the Client hereby exempts and exculpates ICICI from any harm, loss, damages, injury, liability, costs and expenses that the Client may incur as a result of, or in connection with, any act or omission of the Financial Representative including, without limitation, any cause of action that may arise due to any breach of contract, tort, negligence, or breach of a statutory or fiduciary duty by the Financial Representative.

Signed at \_\_\_\_\_ the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_\_\_\_.

**Client Signature(s):**

Primary Account Holder: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Joint Account Holder 1: \_\_\_\_\_

Joint Account Holder 2: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Name (Print): \_\_\_\_\_

**Financial Representative Declaration:**

I confirm that I have viewed the original Identification Documents presented by the Clients and I hereby note the relevant details:

<b>Original Identification 1</b>	<b>Primary Account Holder</b>	<b>Joint Account Holder 1</b>	<b>Joint Account Holder 2</b>
Type of Document			
Place of Issue			
Document Number			
<b>Original Identification 2 (optional)</b>	<b>Primary Account Holder</b>	<b>Joint Account Holder 1</b>	<b>Joint Account Holder 2</b>
Type of Document			
Place of Issue			
Document Number			

I also undertake to inform ICICI if I become aware that the account is being operated for the benefit of a third party.

By: \_\_\_\_\_ (Financial Representative)

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

Title: \_\_\_\_\_