



APPLICATION FORM

FINANCIAL ADVISOR SERVICES

Code No.: _____ (For Office Use)

PLEASE COMPLETE IN FULL AND MAIL OR FAX TO:

ICICI Bank Canada
P.O. BOX 58
Toronto, Ontario M5X 1B1
Fax #: 1-866-ICICI-FX (1-866-424-2439)

For questions, please call 1-866-ICICI-FS (1-866-424-2437).

PLEASE TELL US ABOUT YOUR FIRM (the "Firm")

Firm Name

Address

City Province Postal Code Website

Phone () Fax () Email Address

When was the business established? What is the nature of your Firm's business?

of Offices # of Representatives # of Clients What are the Firm's estimated annual gross sales?

List your Office Locations

Who is the Firm's primary Banker? Bank/Credit Union Address Contact Name Phone Number ()

Please provide two references, one of whom should be your existing clients: Name Phone () Relationship Address Name Phone () Relationship Address

Does your Firm use Insurance Courier Services (ICS)? Do all of the Representatives of your Firm have E. & O. Insurance? Has your Firm ever been refused registration or a license... Licenses Held: Life Insurance General Insurance Mutual Funds/Securities Deposit Agent (Sask. only) Annual Gross Sales: (Year) \$

What are your Firm's product offerings?

Where do you invest the cash portion of your Clients portfolios at the present time?

If your Firm offers a similar type of product to those at ICICI Bank at the present time, list the product(s) and the provider(s).

What value do you see in offering the ICICI Bank Savings products to your clients?

I hereby certify that I am authorized to sign on behalf of the Firm and that the information given is complete and true. The Firm authorizes ICICI Bank Canada (the "Bank") to conduct credit investigations and inquiries and to give, obtain, verify and share information about the Firm with others with whom the Firm may have dealings as well as any other person as may be permitted or required by law.

Print Name & Title: Signature of Applicant: X Date: