



PERSONAL ACCOUNTS

APPLICATION FORM FINANCIAL ADVISOR SERVICES

PLEASE COMPLETE ALL SECTIONS OF THIS FORM TO ENSURE QUICK PROCESSING

TYPE OF ACCOUNT: Term Deposit HiSAVE Savings Account Single Joint

CURRENCY: CAD USD AMOUNT: \$ _____

TENURE: 1 yr 2 yrs 3 yrs 4 yrs 5 yrs

INTEREST PAYOUT OPTION: Annual At Maturity

APPLICANT INFORMATION

Existing Customer of ICICI Bank Canada Yes No

Mr. Ms. Mrs. Miss Other
 First Name Initial Last Name Date of Birth
 M M | D D | Y Y Y Y

Residence Address (Current): Social Insurance Number
 - - | - -

City Province Postal Code Home Phone Email Address

Mailing Address: Same as Above
 Other _____

Please indicate the type of original government issued document viewed to verify the identity of the client:

Canadian Drivers License Canadian Citizenship Card

Canadian Passport Other _____

Document Number Issued By

Length of time at the current address: Years _____ Months _____ If less than 2 years please provide the previous address:

Residence Address (Previous):

City Province Postal Code Home Phone

Current Employer: Contact Number Length of Time Employed
 Occupation

Company Name Title / Position

INTENDED USE*

Salary Deposits Bills Payment Joint Savings with spouse or common-law partner

Other Deposits Money Transfers Others _____

JOINT APPLICANT INFORMATION

Existing Customer of ICICI Bank Canada Yes No

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other First Name Initial Last Name	Date of Birth M M D D Y Y Y Y
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Residence Address (Current):	Social Insurance Number - -
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City	Province	Postal Code	Home Phone	Email Address
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Mailing Address: Same as Above
Other _____

Please indicate the type of original government issued document viewed to verify the identity of the client:

Canadian Drivers License Canadian Citizenship Card
 Canadian Passport Other _____

Document Number	Issued By
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Length of time at the current address: Years _____ Months _____ If less than 2 years please provide the previous address:

Residence Address (Previous):

City	Province	Postal Code	Home Phone
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THIRD APPLICANT INFORMATION

Existing Customer of ICICI Bank Canada Yes No

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other First Name Initial Last Name	Date of Birth M M D D Y Y Y Y
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Residence Address (Current):	Social Insurance Number - -
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City	Province	Postal Code	Home Phone	Email Address
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Mailing Address: Same as Above
Other _____

Please indicate the type of original government issued document viewed to verify the identity of the client:

Canadian Drivers License Canadian Citizenship Card
 Canadian Passport Other _____

Document Number	Issued By
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Length of time at the current address: Years _____ Months _____ If less than 2 years please provide the previous address:

Residence Address (Previous):

City	Province	Postal Code	Home Phone
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OTHER PARTY INFORMATION (This section must be completed)

Anti-money laundering legislation requires us to obtain the following information. This section is mandatory and we cannot open the account without this information, which will remain strictly confidential.

Will this account be used by, or on behalf of any other party who is not an account holder in this application: Yes No

If yes, please complete the section below.

Name of the Other Party

Address of the Other Party

City	Province	Postal Code
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Occupation of the Other Party	Relationship to the Other Party
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Other Party Business Incorporation Number	Place of Incorporation of the Other Party
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AUTHORIZATION

I (We) have applied for the services indicated on this Application and agree to be bound by the terms and conditions governing these services. By signing this Application, I (we) confirm that the information I (we) have given is true and complete. I (We) hereby acknowledge that I (We) have been notified of the terms and conditions applicable to the services I (we) have applied for, including policies and procedures relating to collecting, using and disclosing personal information and details of the service charges set by the Bank, and I (we) understand such terms and conditions. I (We) acknowledge that a copy of the Bank's "Welcome Package", that includes information applicable to my (our) Account, will be provided to me (us).

X _____ Date (MM/DD/YYYY)
Primary Applicant Signature

X _____ Date (MM/DD/YYYY)
Joint Applicant Signature

X _____ Date (MM/DD/YYYY)
Third Applicant Signature

FINANCIAL REPRESENTATIVE INFORMATION

I confirm that I have seen the original identity verification documentation presented by the applicant. I undertake to deliver the completed Third Party Identification form, I also undertake to inform the Bank if I become aware that the account is being operated for the benefit of a third party.

Has the applicant been your client for less than one year? Yes No

Financial Representative's Name	Financial Representative's Code
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Financial Representative's Signature	Date (MM/DD/YYYY)
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