



PERSONAL ACCOUNTS

APPLICATION FORM
FINANCIAL ADVISOR SERVICES

PLEASE COMPLETE ALL SECTIONS OF THIS FORM TO ENSURE QUICK PROCESSING

TYPE OF ACCOUNT: <input type="checkbox"/> Term Deposit <input type="checkbox"/> HiSAVE Savings Account <input type="checkbox"/> Single <input type="checkbox"/> Joint				
CURRENCY: <input type="checkbox"/> CAD <input type="checkbox"/> USD		AMOUNT: \$ _____		
TENURE: <input type="checkbox"/> 1 yr <input type="checkbox"/> 2 yrs <input type="checkbox"/> 3 yrs <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5 yrs				
INTEREST PAYOUT OPTION: <input type="checkbox"/> Annual <input type="checkbox"/> At Maturity				

APPLICANT INFORMATION

Existing Customer of ICICI Bank Canada <input type="checkbox"/> Yes <input type="checkbox"/> 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	
Residence Address (Current):			Social Insurance Number	
City	Province	Postal Code	Home Phone	Email Address
Mailing Address: Same as Above <input type="checkbox"/> Other <input type="checkbox"/> _____				

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

<input type="checkbox"/> Canadian Drivers License		<input type="checkbox"/> Canadian Citizenship Card		
<input type="checkbox"/> Canadian Passport		<input type="checkbox"/> 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: Occupation		Contact Number	Length of Time Employed	
Company Name		Title / Position		

INTENDED USE*

<input type="checkbox"/> Salary Deposits	<input type="checkbox"/> Bills Payment	<input type="checkbox"/> Joint Savings with spouse or common-law partner
<input type="checkbox"/> Other Deposits	<input type="checkbox"/> Money Transfers	<input type="checkbox"/> 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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