



BUSINESS ACCOUNTS

Account No.: _____
CIF NO.: _____
(For Office Use)

TO ENSURE THE PROMPT OPENING OF YOUR ACCOUNT, PLEASE COMPLETE ALL SECTIONS OF THIS FORM.

SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN

You may choose more than one option: Business Savings Account Business Term Deposit

Currency: Canadian Dollar US Dollar Amount \$ _____

Tenure: 1Yr 2Yrs 3Yrs 4Yrs 5Yrs

Interest Payout Option : Annual At Maturity

BUSINESS INFORMATION

Legal Name of Business	Trade Name (operating as)
Registered Corporation Number	Primary Business Function (e.g. Catering, Software Development, etc.)

Business Address (Current):

City	Province	Postal Code
Business Phone ()	Business Fax Number ()	Business E-mail

Mailing Address (If different from above)

City	Province	Postal Code
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Type of Business: **Corporation** OR **Partnership** OR **Unincorporated** OR **Sole Proprietor**

<input type="checkbox"/> Provincial	<input type="checkbox"/> Limited	<input type="checkbox"/> Group	Sole Proprietor's Social Insurance Number (This section must be completed)
<input type="checkbox"/> Federal	<input type="checkbox"/> General	<input type="checkbox"/> Association	

OWNERSHIP INFORMATION Please provide information for all of the owners in case of corporations or partnerships. For community accounts (e.g. Westney Park Fund, Soccer Club, etc.), we ask for the above information about your main contacts.

First Name	Initials	Last Name	% Ownership / Interest
First Name	Initials	Last Name	% Ownership / Interest
First Name	Initials	Last Name	% Ownership / Interest
First Name	Initials	Last Name	% Ownership / Interest

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
Occupation or Business of the Other Party	Relationship to the Other Party	
Other Party Business Incorporation Number (If applicable)	Place of Incorporation (If applicable)	

AUTHORIZED INDIVIDUALS APPLICATION FORM

The Authorized person(s) identified on the *Authorized Individuals Application Form* will be the only individuals who can transact on this account. Please note that all businesses must complete the *Authorized Individuals Application Form* for each person named as such in the *Business Accounts Application Form*.

AUTHORIZED INDIVIDUAL #1 (The Individual will be the primary contact person on file for this account. In case of sole proprietor business, only the sole proprietor is permitted to be an Authorized Individual in this account.)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other First Name Initial (optional) Last Name			Date of Birth M M D D Y Y Y Y		
Home Address (Current):				Social Insurance Number - -	
City	Province	Postal Code	Length of Time at Current Address	E-mail Address	
Home Phone ()	Cell Phone (optional) ()		Fax Number (optional) ()		
Occupation			Title		

AUTHORIZED INDIVIDUAL #2 (Not applicable for Sole Proprietor)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other First Name Initial (optional) Last Name			Date of Birth M M D D Y Y Y Y		
Home Address (Current):				Social Insurance Number - -	
City	Province	Postal Code	Length of Time at Current Address	E-mail Address	
Home Phone ()	Cell Phone (optional) ()		Fax Number (optional) ()		
Occupation			Title		

AUTHORIZED INDIVIDUAL #3 (Not applicable for Sole Proprietor)

<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Other First Name Initial (optional) Last Name			Date of Birth M M D D Y Y Y Y		
Home Address (Current):				Social Insurance Number - -	
City	Province	Postal Code	Length of Time at Current Address	E-mail Address	
Home Phone ()	Cell Phone (optional) ()		Fax Number (optional) ()		
Occupation			Title		

ACCOUNT APPLICATION REQUIREMENTS

Please submit a copy of two (2) pieces of identification (ID) (photocopied front and back to clearly identify your signature), for each authorized individual ensuring that one piece is from List A Below:

Primary Identification (List A) We require at least one piece of ID from this list	Secondary Identification (List B) ID from this section must include your name
Valid Canadian Driver's License Valid Canadian Passport Certificate of Canadian Citizenship or Certification of Naturalization in paper or card form Permanent Resident Card or Citizenship and Immigration Canada form IMM 1000 or IMM 1442 Canadian Birth Certificate Canadian Social Insurance Number (SIN) Card Canadian Old Age Security Card Government of Canada Certificate of Indian Status Provincial Health Insurance Card (not permitted by provincial Prince Edward Island, Manitoba or Ontario) Provincial Personal Identification Card, bearing your Photograph and signature	Employee Identification Card, issued by a well known employer, bearing your photograph ATM or Bank Card issued by a member of the Canadian Payments association (CPA) with your signature on the same Credit Card issued by a member of the CPA with your signature on the same Canadian National Institute for the Blind (CNIB), bearing your photograph and signature

AUTHORIZATION

I/We agree and acknowledge that ICICI Bank Canada (the "Bank") will verify the information provided above to ensure it's accuracy and confirm my/our identity. I/We acknowledge that I/We have read and understood the Bank's Account Terms and Conditions and Website Terms of Use and agree to be bound by them as they relate to this account. I/We confirm that I/We have read and understood the Bank's Privacy Policy(the "policy") and I/We consent to the collection, use and disclosure of my/our personal information in accordance with the policy as amended from time to time. I/We hereby confirm that all necessary, corporate, regulatory or other actions and authorizations (including, without limitation, passing of necessary resolutions) as may be required for the purpose of opening and operating the account(s) sought to be opened pursuant to this application as well as for establishing a banking relationship with the Bank in accordance with the Bank's Account Terms and Conditions have been duly obtained and are in full force and effect.

I/We hereby represent that all the information in this Authorized Individuals Application Form is true and complete and agree that it can be relied on by the Bank.

Executed on behalf of: _____ (Legal Name of the Business)

by the following authorized individual(s):

X _____
Authorized Individual #1 Signature Date (MM/DD/YYYY)

X _____
Authorized Individual #2 Signature Date (MM/DD/YYYY)

X _____
Authorized Individual #3 Signature Date (MM/DD/YYYY)

FINANCIAL REPRESENTATIVE INFORMATION

I confirm that I have seen the original identity verification documentation presented by applicant. I undertake to deliver the completed Third Party identification form. I also undertake to inform the Bank if 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
Financial Representative's Signature	Date (MM/DD/YYYY)

BUSINESS BANKING RESOLUTION FORM (Not applicable for Sole Proprietor)

Resolution of the:

Check **one** of the following business types as applicable: Board of Directors of: _____

OR

 Partners of: _____

OR

 Officers / Members of: _____

(NAME OF CORPORATION)

(NAME OF PARTNERSHIP)

(NAME OF GROUP OR ASSOCIATION)



"the Business"

having its chief executive office at:

Address: _____

UNIT

STREET

CITY

PROVINCE

POSTAL CODE

The Business resolves that:

- The Business appoints ICICI Bank Canada ("ICICI Bank") as the bank of the Business.
- Subject to paragraph 6, the directors, partners or members (as applicable) of the Business do, from time to time, authorize any Authorized Individual(s) to do any of the following:
 - deposit, withdraw or order transfers of funds from the Business' bank account by means made available by ICICI Bank from time to time and as set out in the account Terms and Conditions;
 - execute and deliver any agreements or other documents or instruments with or in favour of ICICI Bank, or give any authority to ICICI Bank required in connection with the banking business of the Business whether generally or with regard to any particular transaction, instrument or agreement, including, without limitation, ICICI Bank's Account Terms and Conditions, as such Account Terms and Conditions may be amended by ICICI Bank from time to time;
 - receive statements, instruments and other items and documents relating to the Business' accounts with or any service of ICICI Bank (including any revisions to ICICI Bank's rules, manuals of operations or terms and conditions) and to settle and certify the Business' accounts with ICICI Bank;
 - receive from ICICI Bank any software and any security devices, including security cards, codes, personal identification numbers and passwords relating to electronic banking services or electronic communications or communications by telephone between the Business and ICICI Bank; and
 - generally to exercise all rights, powers and authorities which the Business may exercise under the authority of the constating documents and by-laws (if applicable) of the Business and the laws and regulations relating to or affecting the Business.
- The provisions contained in any agreement, document or instrument entered into and delivered to ICICI Bank, including, without limitation, ICICI Bank's Account Agreement, as such Account Terms and Conditions may be amended by ICICI Bank from time to time, including, without limitation, the provisions concerning the binding effect of electronic and telephonic communications received by ICICI Bank from or in the name of the Business, and the performance by the Business of its obligations thereunder, are hereby expressly authorized, sanctioned and approved.
- Only Authorized Individuals are permitted to transact on any accounts of the Business held at ICICI Bank and are hereby authorized for and on behalf of the Business to do any of the things and deliver, from time to time, any of the agreements, documents or instruments, as the case may be, set forth in paragraph 2 of this Resolution.
- Subject to paragraph 6, all instructions, acts and things done and documents, agreements and instruments executed on behalf of the Business in accordance with the foregoing and delivered to ICICI Bank by any Authorized Individual(s) shall be valid and binding upon the Business, whether or not executed under corporate seal, and shall be enforceable against the Business and may be relied and acted upon by ICICI Bank.
- Subject to the Account Terms and Conditions, the Business may appoint or revoke the appointment of Authorized Individual(s) only by executing a resolution that is duly and validly authorized and binding on the Business.
- The Business shall provide ICICI Bank with a certified copy of this resolution. ICICI Bank is entitled to rely on the certified copy of this resolution as duly and validly authorized and binding on the Business. ICICI Bank does not need to make any further inquiry into the authority of the undersigned to bind the Business.
- There are no provisions in the constating documents, by-law, unanimous shareholders agreements, documents governing the formation and governance of the Business or any other agreement, document or instrument to which the Business is bound which restrict, limit or regulate in any way the powers of the Business, or the powers of the directors, partners, members/officers (as applicable) on behalf of the Business, to do any of the acts and execute any of the documents referred to in the Account Terms and Conditions (as such may be amended by ICICI Bank from time to time).

CERTIFICATE

The undersigned,

(YOUR NAME)

being a / the

(YOUR TITLE)

of the Business, hereby certifies on behalf of the Business that the foregoing is a true copy of a resolution properly passed by the board of directors of the corporation, partners of the Partnership, or officers/members of the group/association (as applicable) of the Business and that the said resolution is now in full force and effect and unamended as of the date hereof. The following is applicable to not-for-profit groups and associations only: the authorized representative of the group/association agrees to be personally liable for any and all liabilities, obligations, and payments to ICICI Bank in accordance with this resolution.

M	M	D	D	Y	Y	Y	Y
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DATED the

X

Signature: _____

DO YOU REQUIRE ASSISTANCE?

Account Type: Please select the account type you wish to open.

Tell us about the business: Provide the business name, trade name (the name that the business is operating as), full business address, the business telephone number and fax number, the business registration number.

Nature of business: What is the primary function of the business? Please be as specific as possible; (e.g. retail photo store, used car sales lot, auto body shop, condo property management, accounting consulting firm, etc.).

Type of business: Please place a **P** in the box of your type of business. Choose from Corporation (and indicate if provincially or federally incorporated), or Partnership (please indicate if a limited partnership/limited liability or general partnership), or Unincorporated (please specify if it is an association or group) or Sole Proprietorship. For Sole Proprietor please complete the Authorized Individual #1 section of the Authorized Individuals Application Form.

Why do we ask about other parties: In order to fulfill regulatory obligations, ICICI Bank Canada asks all new Clients if the account will be used by or on behalf of another party.

Authorized Individuals Application Form: The Authorized Individuals listed on this form must use their Individual PIN and Password in order to transact on this account.

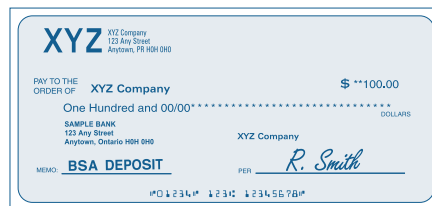
STEPS TO COMPLETING THE APPLICATION

STEP #1: Complete and sign the following:

- Business Accounts Application Form
- Authorized Individuals Application Form. Please note that the Authorized Individuals Application Form is to be completed by every Authorized Individual.
- Business Banking Resolution Form

STEP #2: Documentation:

- For Corporation:** A copy of the articles or certificate of incorporation **AND** the most recent tax filing listing the directors of the corporation.
For Partnership: A copy of the partnership agreement or partnership registration.
For Unincorporated Businesses: Please provide copies of documentation confirming the identity of your unincorporated group or association (e.g. Association's Constitution and Bylaws, Memorandum of Association, etc.).
For Sole Proprietor: Please provide a copy of the business name registration.
- Cheques** - Pre-printed business cheque as given below. Send a **pre-printed business cheque**¹ with the full business name, made payable to the business and drawn on a Canadian bank, for any amount to be deposited. Here is an example:



¹Business Cheque

For the US Dollar Business Savings Account, please send a pre-printed (with the full business name on it) US Dollar cheque drawn on a Canadian financial institution, made payable to your business name and write "US funds" on the front of the cheque.

- Please submit a copy of two (2) pieces of identification (ID) (Photocopied front and back to clearly identify your signature)

Step #3: Mail in the forms and cheques to:

FAS Coordinator, ICICI Bank Canada
Suite 400, 154 University Avenue,
Toronto, ON, M5H 3Y9, Canada
Tel: 1-866-424-2437