

Ref No.: Card No.: Application No.:

ouru		
		Code:
DIVIA	/ 031	Coue.

New Prepaid Card Application Form

Please fill in the form in BLOCK LETTERS and attach all relevant documents as specified on this form. Please complete all sections. Tick 🗹 boxes as applicable.

FIELDS WITH Ӿ ARE MA	NDATORY								
For office use only									
CKYCR available*	Applicant's Photo					Applicant's Photo			
	New Update Please affix a recent								
KYC number	Image: Constraint of the second se					Please sign in black ink			
Account Type*	Normal	Simplified (for low	<pre>/ risk customers</pre>	Small		within the box			
			PERSONAL						
	Prefix	First Name	FENSONAL	Middle Name		Last Name			
*Applicant's Name:									
*Father's Name:									
*Spouse's Name:									
· *Mother's Name:									
*Mother's Maiden Name:									
	(This information may be used t	to verify your identity when you want you	ır card account details over ph	one.)					
Applicant's Maiden Name: (If any*)									
*Gender:	Male	Female Transg	gender *I	Date of Birth:					
*Marital Status:		Manniad Other	- - *1						
	Single	Married Others	s ^1	-	ndian O	thers (Country Code)			
*Education:	Under Gradua			Post Graduate					
*Residential Status:	Resident Indi			-	Person of Indian Origir	1			
*Occupation Type:	Service	(Private Se	ctor	Public Sector	Government Sector)				
	Others	(Retired		Student	Not Categorised)				
	Business								
	Business	C	OMMUNICATIO	ON ADDRESS					
*Flat No./Society Name:	Business	C		DN ADDRESS					
*Flat No./Society Name: *Road No./Name:	Business	C		DN ADDRESS					
-	Business			DN ADDRESS					
*Road No./Name:	Business				*State Code	*Country Code:			
*Road No./Name: *Nearest Landmark:	Business			*City/Town/Village:	*State Code				
*Road No./Name: *Nearest Landmark: *District:	Business			*City/Town/Village:	*State Code	Country Code:			
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name:	Business			*City/Town/Village:	State Code				
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name:	Business			Code: ADDRESS	State Code				
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name:	Business			City/Town/Village: Code: ADDRESS City/Town/Village: *City/Town/Village:					
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name:	Business			Code: ADDRESS	*State Code				
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark:	Business			Code: Code: C					
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark:	Business		Image: Second						
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District:	Business		Image: New Year State						
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District: *Mobile number:	Business		Image: state						
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District: *Mobile number: Email ID:	Business		Image: state		State Code				
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District: *Mobile number: Email ID: Passport number	Business		Image: state						
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District: *Mobile number: Email ID: Passport number Voter ID Card	Business		Image: state		State Code				
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District: *Mobile number: Email ID: Passport number Voter ID Card PAN Card	Business		Image: state		State Code				
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District: *Mobile number: Email ID: Passport number Voter ID Card PAN Card Driving Licence	Business		Image: state		State Code				
*Road No./Name: *Nearest Landmark: *District: *Flat No./Society Name: *Road No./Name: *Nearest Landmark: *District: *Mobile number: Email ID: Passport number Voter ID Card PAN Card	Business		Image: state		State Code				

"I, the holder of above mentioned Aadhaar number, hereby give my consent to ICICI Bank to use my Aadhaar details only for the purpose of authentication with UIDAI for the issuance of the prepaid card.
 Yes
 No"

Please Note : Its mandatory to submit the Aadhaar card within 6 months of card activation where customer has provided the Aadhaar enrollment no at the time of card
issuance

For married women, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate are acceptable as valid identity proof.

	*PAN/C	GIR No. of Applica	nt:									
OR												
FORM 60 / 61 (TO BE FILED BY THOSE WHO DO NOT HAVE EITHER PAN OR GIR)												
Are you a Tax Assessee [If yes, (a) Details of ward	Yes No	e last return of inc	ome was filed									
(b) Reason for not having	PAN/GIR No. :				I							
do hereby declare that wh	at is stated is true to	the best of my kno	wledge and belief	f. Verified at			_ this th	ie	d	ay of		20
			CORPORA	TE DETAILS								
*Name of the Company: *Office Address:												
*City/Town/Village:				* District:								
*PIN Code:		*State Code:	*Country	(Code:	*STD co	- obv			Tal			
			oountry	coue.	510 00	ue.			Tel.			
			FOR ICICI BAN						Tei.	:		
Are you an existing ICICI	Bank customer:	Yes No							Tel.	•		
L		Yes No			S	Account			redit/ Det		id Card	
Are you an existing ICICI		Yes No	FOR ICICI BAN		S			C			id Card	
Are you an existing ICICI	current relationship	Yes No	FOR ICICI BAN		S						id Card	
Are you an existing ICICI If yes, please specify the Please provide details of	current relationship	Yes No with ICICI Bank: hip	FOR ICICI BAN	IK CUSTOMER	S			C			id Card	
Are you an existing ICICI If yes, please specify the Please provide details of	current relationship	Yes No with ICICI Bank: hip	FOR ICICI BAN Bank Account Others, please CARD C		S						id Card	
Are you an existing ICICI If yes, please specify the Please provide details of	current relationship	Yes No with ICICI Bank: hip	FOR ICICI BAN Bank Account Others, please CARD C	IK CUSTOMER	S						id Card	
Are you an existing ICICI If yes, please specify the Please provide details of	current relationship	Yes No with ICICI Bank: hip	FOR ICICI BAN Bank Account Others, please CARD C	IK CUSTOMER	S						id Card	
Are you an existing ICICI If yes, please specify the Please provide details of Card fees would be collected	current relationship	Yes No with ICICI Bank: hip	FOR ICICI BAN Bank Account Others, please CARD C	IK CUSTOMER	S						id Card	

Note: Mandatory to attach a cancelled cheque, if bank details are mentioned above.

DECLARATION

I hereby declare that the details furnished above and available on the website www.icicibank.com are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I understand that access to any changes/ update in Terms and Conditions applicable to this relationship would be available on the website only. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I declare, confirm and agree

- That all the particulars and information given in this Application Form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide and further information that ICICI Bank Ltd./its group companies may require.
- That I have no insolvency proceedings initiated against me nor have I ever been adjudicated insolvent.
- That I have read the Application Form and brochures and am/are aware of all the terms/conditions of availing finance or service or products from ICICI Bank and its group companies.
- 4. I agree and understand that ICICI Bank Limited/Group companies reserve the right to reject any Application Form without providing any reason. I agree and understand that ICICI Bank Ltd./ its group companies reserve the right to retain the Application Forms, and the documents provide therewith, including photographs and will not return the same to me.
- 5. I have also read and understood Terms and Conditions under which the scheme is offered to my organisation and its employees.
- I agree that my employer has full right to reverse an instruction given by them for any amount within a period of three working days and I will not dispute or hold the bank responsible for any such debits on the Card.
- 7. I understand that it is my responsibility to inform ICICI Bank immediately on termination of my employment with my current employer whereupon I will cease to enjoy any or all benefits under this scheme, and to inform ICICI Bank & its group companies regarding change in my residence/employment and to provide any further information that ICICI Bank and its group companies may require from time to time.
- 8. I authorise ICICI Bank and/or its associates to verify, make enquiries with respect to any information or otherwise at my office/residence or to contact me or any other source to obtain or provide any information that ICICI Bank may consider necessary in respect of or in relation to information in this Application/ further. Application Forms including but not limited to confirming membership requirements or maintaining my account in good standing.
- 9. I hereby authorise ICICI Bank Ltd. / its group companies to exchange share or part with all the information data or documents relating to my Application to other ICICI group companies/ Bank/ Financial Instruction/ Credit bureaus/ Agencies Statutory Bodies such other persons as ICICI Bank Ltd./ its group

companies may deem necessary or appropriated as may be required for use or processing of the said information/data by such person or furnishing of the processed information/ data/ products thereof to other banks/ financial institutions/ credit provider / users registered with such persons and shall not hold ICICI Bank Ltd./ its group companies liable for use of this information.

- 10. I agree and understand that I have to complete further Application Forms for specific liability products services from ICICI Bank Ltd./its group companies as prescribed from time to time and that such further. Application shall beregarded as an integral part of this Application and vice versa and that unless otherwise disclosed in such further forms are prescribed the particulars and information set forth herein as well as the documents referred or provide herewith are true, correct, complete and up-to-date in all respect. I agree and understand that such further Application will require incorporation of the Application form number, and/or such details as ICICI Bank may prescribe, to facilitate data management.
- 11. I authorise ICICI Bank Ltd. to issue an ICICI Bank Prepaid Card to me. I acknowledge that the issue and usage of the Prepaid Card is governed by the Terms and Conditions as in force from time to time and agree to be bound by the same. I accept that the Terms and Condition of Prepaid Card are liable to be amended by ICICI Bank Ltd. from time to time. I further unconditionally and irrevocably authorise ICICI Bank Ltd. to debit my Card Account annually with an amount equivalent to the fee and charges for use of the card. I hereby confirm that this account will be operated singly.
- 12. I shall at all times co mply with applicable laws and regulations while using this card.
- 13. I understand that it shall be my responsibility to keep the card, its PIN and password/s protected and concealed at all times. I shall not hold ICICI Bank liable for any loss/ damage/ harm resulting from a failure to do so.
- 14. I hereby agree to keep ICICI Bank fully indemnified against any loss/ damage/ harm that may be caused to ICICI Bank as a result of breach of any declarations, breach of any terms and conditions or any unauthorised/ unlawful use of the Card.
- 15. The Applicant/s has/ have no objection to ICICI Bank Limited, its group companies, agents/ representatives to provide me/us information on various products, offers and services provided by ICICI Bank Limited/its group companies through any mode (including without limitation through telephone calls/ SMSs/ e-mails) and authorise ICICI Bank Limited, its group companies, agents/representatives for the above purpose.
- I hereby consent to receiving information from Central KYC Registry through SMS/ e-mail on the above registered number/ e-mail address.
- 17. By agreeing to these terms, I have consented that I have no objection in authenticating with Aadhaar based Authentication system and hereby give my voluntary consent as required under the Aadhaar Act 2016 and Regulations framed thereunder for seeding your Aadhaar number to their bank account & to provide their identity information (Aadhaar number, biometric information & demographic information) for Aadhaar based authentication for the purpose

of availing of the banking services including operation of account & for delivery of subsidies, benefits and services or any other facility relating to banking operations.

- 18. I understand that this request for a prepaid card will not be processed, if: Aadhaar number provided above is incorrect
 Details in prepaid card do not match with details available with UIDAI
- 19. By agreeing to these terms, I agree that I have been explained about the nature of information that may be shared upon authentication and I have been given

to understand that my information submitted to the bank herewith shall not be used for any purpose other than mentioned above, or as per requirements of law. Also, I declare that all the information is voluntarily furnished by me to the Bank and that it is true, correct and complete.

20. I hereby give my consent to use/exchange or share my Aadhaar number, Addhaar information for registration of client information with Exchange, KRA, CERSAI and with any other regulatory agency of ICICI Bank which it deems fit or as per requirements of law.

(Please tick Yes or No, as acceptable to the Applicant/s) : \Box Yes or \Box No

Date: DD MM YYYY	
Place:	Signature of Applicant
KYC CERTIFICATION (To I	pe filled by the bank official)
	s/ her residence/ office/ others (please specify) and
Emp. Name: E	mp. Code:
Emp. Designation:	Date: D MM YYYY Signature of Bank Official / SE / BDE and Branch stamp with Branch Code
	Checked by DVU official at DRO/ RPC: DVU officials Remark : Document verified and found in order
	DVU Signature: Employee Name: Employee ID: Date :