ICICI Bank

CUSTODIAL SERVICES

Demat Account Opening Form (For Individual)

ICICI Bank Ltd
Empire Complex, 1st Floor, 414 Senapati Bapat Marg,
Lower Parel (W), Mumbai 400 013

September, 2026

Rights and Obligations of Beneficial Owner and Depository Participant as prescribed by SEBI and Depositories

General Clause

1. The Beneficial Owner and the Depository participant (DP) shall be bound by the provisions of the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996, Rules and Regulations of Securities and Exchange Board of India (SEBI), Circulars/Notifications/Guidelines issued there under, Bye Laws and Business Rules/Operating Instructions issued by the Depositories and relevant notifications of Government Authorities as may be in force from time to time.
2. The DP shall open/activate demat account of a beneficial owner in the depository system only after receipt of complete Account opening form, KYC and supporting documents as specified by SEBI from time to time.

Beneficial Owner information

3. The DP shall maintain all the details of the beneficial owner(s) as mentioned in the account opening form, supporting documents submitted by them and/or any other information pertaining to the beneficial owner confidentially and shall not disclose the same to any person except as required by any statutory, legal or regulatory authority in this regard.
4. The Beneficial Owner shall immediately notify the DP in writing, if there is any change in details provided in the account opening form as submitted to the DP at the time of opening the demat account or furnished to the DP from time to time.

Fees/Charges/Tariff

5. The Beneficial Owner shall pay such charges to the DP for the purpose of holding and transfer of securities in dematerialized form and for availing depository services as may be agreed to from time to time between the DP and the Beneficial Owner as set out in the Tariff Sheet provided by the DP. It may be informed to the Beneficial Owner that "no charges are payable for opening of demat accounts"
6. In case of Basic Services Demat Accounts, the DP shall adhere to the charge structure as laid down under the relevant SEBI and/or Depository circulars/ directions/notifications issued from time to time.
7. The DP shall not increase any charges/tariff agreed upon unless it has given a notice in writing of not less than thirty days to the Beneficial Owner regarding the same.

Dematerialization

8. The Beneficial Owner shall have the right to get the securities, which have been admitted on the Depositories, dematerialized in the form and manner laid down under the Bye Laws, Business Rules and Operating Instructions of the depositories.

Separate Accounts

9. The DP shall open separate accounts in the name of each of the beneficial owners and securities of each beneficial owner shall be segregated and shall not be mixed up with the securities of other beneficial owners and/or DP's own securities held in dematerialized form.
10. The DP shall not facilitate the Beneficial Owner to create or permit any pledge and /or hypothecation or any other interest or encumbrance over all or any of such securities submitted for dematerialization and/or held in demat account except in the form and manner prescribed in the Depositories Act, 1996, SEBI (Depositories and Participants) Regulations, 1996 and Bye-Laws/Operating Instructions/Business Rules of the Depositories.

Transfer of Securities

11. The DP shall effect transfer to and from the demat accounts of the Beneficial Owner only on the basis of an order, instruction, direction or mandate duly authorized by the Beneficial Owner and the DP shall maintain the original documents and the audit trail of such authorizations.
12. The Beneficial Owner reserves the right to give standing instructions with regard to the crediting of securities in his demat account and the DP shall act according to such instructions.
13. The DP shall execute 'non-pay in' related instructions not later than next working day from the date of submission of instruction by the Beneficial Owner. Further, if the date of submission and the execution date of instruction are same, DP may execute such instructions on the same day at Beneficial owner's risk on a "best effort basis".

Statement of account

14. The DP shall provide statements of accounts to the beneficial owner in such form and manner and at such time as agreed with the Beneficial Owner and as specified by SEBI/depository in this regard.
15. However, if there is no transaction in the demat account, or if the balance has become Nil during the year, the DP shall send one physical statement of holding annually to such Bos and shall resume sending the transaction statement as and when there is a transaction in the account.
16. The DP may provide the services of issuing the statement of demat accounts in an electronic mode if the Beneficial Owner so desires. The DP will furnish to the Beneficial Owner the statement of demat accounts under its digital signature, as governed under the Information Technology Act, 2000. However if the DP does not have the facility of providing the statement of demat account in the electronic mode, then the Participant shall be obliged to forward the statement of demat accounts in physical form.
17. In case of Basic Services Demat Accounts, the DP shall send the transaction statements as mandated by SEBI and/or Depository from time to time.

Manner of Closure of Demat account

18. The DP shall have the right to close the demat account of the Beneficial Owner, for any reasons whatsoever, provided the DP has given a notice in writing of not less than thirty days to the Beneficial Owner as well as to the Depository. Similarly, the Beneficial Owner shall have the right to close his/her demat account held with the DP provided no Page 3 of 4 charges are payable by him/her to the DP. In such an event, the Beneficial Owner shall specify whether the balances in their demat account should be transferred to another demat account of the Beneficial Owner held with another DP or to rematerialize the security balances held.
19. Based on the instructions of the Beneficial Owner, the DP shall initiate the procedure for transferring such security balances or rematerialize such security balances within a period of thirty days as per procedure specified from time to time by the depository. Provided further, closure of demat account shall not affect the rights, liabilities and obligations of either the Beneficial Owner or the DP and shall continue to bind the parties to their satisfactory completion.

Default in payment of charges

20. In event of Beneficial Owner committing a default in the payment of any amount provided in Clause 5 & 6 within a period of thirty days from the date of demand, without prejudice to the right of the DP to close the demat account of the Beneficial Owner, the DP may charge interest at a rate as specified by the Depository from time to time for the period of such default.
21. In case the Beneficial Owner has failed to make the payment of any of the amounts as provided in Clause 5&6 specified above, the DP after giving two days notice to the Beneficial Owner shall have the right to stop processing of instructions of the Beneficial Owner till such time he makes the payment along with interest, if any.

Liability of the Depository

22. As per Section 16 of Depositories Act, 1996,
    1. Without prejudice to the provisions of any other law for the time being in force, any loss caused to the beneficial owner due to the negligence of the depository or the participant, the depository shall indemnify such beneficial owner.
    2. Where the loss due to the negligence of the participant under Clause (1) above, is indemnified by the depository, the depository shall have the right to recover the same from such participant.

Freezing/ Defreezing of accounts

23. The Beneficial Owner may exercise the right to freeze/defreeze his/her demat account maintained with the DP in accordance with the procedure and subject to the restrictions laid down under the Bye Laws and Business Rules/Operating Instructions.
24. The DP or the Depository shall have the right to freeze/defreeze the accounts of the Beneficial Owners on receipt of instructions received from any regulator or court or any statutory authority.
25. The Joint holders are aware that in case of any Statutory Order for freezing any one joint holder, the demat account will be frozen and the other joint holders will have to obtain a specific Order for unfreezing their percentage of joint ownership by submitting the relevant documentary proof to the Order issuing authority.

Redressal of Investor grievance

26. The DP shall redress all grievances of the Beneficial Owner against the DP within a period of thirty days from the date of receipt of the complaint.

Authorised representative

27. If the Beneficial Owner is a body corporate or a legal entity, it shall, along with the account opening form, furnish to the DP, a list of officials authorized by it, who shall represent and interact on its behalf with the Participant. Any change in such list including additions, deletions or alterations thereto shall be forthwith communicated to the Participant.

Law and Jurisdiction

28. In addition to the specific rights set out in this document, the DP and the Beneficial owner shall be entitled to exercise any other rights which the DP or the Beneficial Owner may have under the Rules, Bye Laws and Regulations of the respective Depository in which the demat account is opened and circulars/notices issued there under or Rules and Regulations of SEBI.
29. The provisions of this document shall always be subject to Government notification, any rules, regulations, guidelines and circulars/ notices issued by SEBI and Rules, Regulations and Bye-laws of the relevant Depository, where the Beneficial Owner maintains his/ her account, that may be in force from time to time.
30. The Beneficial Owner and the DP shall abide by the arbitration and conciliation procedure prescribed under the Bye-laws of the depository and that such procedure shall be applicable to any disputes between the DP and the Beneficial Owner.
31. Words and expressions which are used in this document but which are not defined herein shall unless the context otherwise requires, have the same meanings as assigned thereto in the Rules, Bye-laws and Regulations and circulars/notices issued there under by the depository and /or SEBI.
32. Any changes in the rights and obligations which are specified by SEBI/Depositories shall also be brought to the notice of the clients at once.
33. If the rights and obligations of the parties hereto are altered by virtue of change in Rules and regulations of SEBI or Bye-laws, Rules and Regulations of the relevant Depository, where the Beneficial Owner maintains his/her account, such changes shall be deemed to have been incorporated herein in modification of the rights and obligations of the parties mentioned in this document.

FORM 9 ACCOUNT OPENING FORM *(FOR INDIVIDUALS)*

ICICI Bank

ICICI BANK LTD
Empire Complex, 1st Floor, 414 Senapati Bapat Marg, Lower Parel (W), Mumbai 400 013.

Client – ID (To be filled by Participant)

DP – ID IN301348

I/We request you to open a depository account in my/our name as per the following details:
(Please fill all the details in CAPITAL LETTERS only)

PMS client account ☑ Yes ☐ No

PMS SEBI Registration number

Date: D D M M Y Y Y Y

A. DETAILS OF ACCOUNT HOLDER(S)

	Sole/ First Holder	Second Holder	Third Holder
Name#:			
PAN:			
Occupation: *(please tick any one and give brief details)*	☐ Private Sector ☐ Agriculturist ☐ Public Sector ☐ Retired ☐ Government Service ☐ Housewife ☐ Business ☐ Student ☐ Professional ☐ Others (Please specify: _____)	☐ Private Sector ☐ Agriculturist ☐ Public Sector ☐ Retired ☐ Government Service ☐ Housewife ☐ Business ☐ Student ☐ Professional ☐ Others (Please specify: _____)	☐ Private Sector ☐ Agriculturist ☐ Public Sector ☐ Retired ☐ Government Service ☐ Housewife ☐ Business ☐ Student ☐ Professional ☐ Others (Please specify: _____)
Brief details:			
Email			
Mobile No.			
	I declare that the above mobile number or E-mail ID belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).	I declare that the above mobile number or E-mail ID belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).	I declare that the above mobile number or E-mail ID belongs to ☐ Me or ☐ My family (spouse, dependent children and dependent parents).

B. For Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., although the account is opened in the name of the natural persons, the name & PAN of the Association of Persons (AOP), Partnership Firm, Unregistered Trust, etc., should be mentioned below:

Name: PAN:

C. TYPE OF ACCOUNT

☑ Ordinary Resident ☐ NRI-Repatriable ☐ Qualified Foreign Investor ☐ Foreign National ☐ Margin ☐ Others (Please specify) _____ ☐ NRI - Non Repatriable

D. GROSS ANNUAL INCOME DETAILS

Income Range per annum (please tick any one): ☐ Below ₹1 lac ☐ ₹1-5 lac ☐ ₹5-10 lac ☐ ₹10-25 lac ☐ More than ₹25 lac

E. IN CASE OF NRIS/ FOREIGN NATIONALS

RBI Approval Reference Number: RBI Approval Date: D D M M Y Y Y Y

F. BANK DETAILS

Bank account type: ☐ Savings Account ☑ Current Account ☐ Others (Please specify)_____

Bank Account Number: 010405000426 Bank Name: ICICI Bank Ltd.- Nariman Point

Branch Address: ICICI Bank Ltd, 215, Free Press House
Free Press Marg, Nariman Point

City/town/village: Mumbai PIN code: 400021

State: Maharashtra Country: India

MICR Code: 400229002 IFSC: ICIC0000004

G. STANDING INSTRUCTIONS

I/We authorise you to receive credits automatically into my/our account: ☐ Yes ☐ No

Account to be operated through Power of Attorney (PoA): ☑ Yes ☐ No

Account to be operated through Demat Debit and Pledge Instructions (DDPI): ☐ Yes ☑ No

SMS Alert facility: [*Mandatory if you are giving Power of Attorney (PoA). Ensure that the mobile number is provided in the KYC Application Form*]

Sole/First Holder: ☐ Yes ☐ No Second Holder: ☐ Yes ☐ No Third Holder: ☐ Yes ☐ No

Mode of receiving Statement of Account: [Tick *any one*] ☐ Physical Form ☑ Electronic Form [*Refer Note 9 and ensure that email ID is provided in KYC Application Form*].

#Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same.

H. PLEASE TICK, IF APPLICABLE

☐ Politically Exposed Person (PEP) ☐ Related to a Politically Exposed Person (PEP) ☐ NA

I. GUARDIAN DETAILS *(WHERE SOLE HOLDER IS A MINOR)*:

[For account of a minor, two KYC Applications Forms must be filled i.e. one for the guardian and another for the minor *(to be signed by guardian)*

Guardian Name:

PAN: | | | | | | | | | | | Relationship of guardian with minor

J. DELIVERY INSTRUCTION SLIP (DIS) BOOKLET FACILITY

(to be filled by persons seeking to open a depository account who have given Power of Attorney to operate the depository account to a stock broker/ Participant/Portfolio Manager and do not intend to open a Basic Services Demat Account)

☐ Yes, I/we wish to receive DIS Booklet at the time of account opening.

☑ No, however, the DIS booklet should be issued to me / us immediately on my / our request at any later date.

K NOMINATION OPTION

☐ I/we wish to make a nomination.
(Details are provided in Nomination Form prescribed by SEBI)

☐ I/We wish to opt out of a nomination
(Declaration Form opting out of nomination as prescribed by SEBI)

L MODE OF OPERATIONS AND COMMUNICATION FOR JOINT ACCOUNTS

a. Mode of Operation ☐ First holder ☐ Jointly ☐ Anyone of the holder or survivor(s)

b. Communication to be sent to ☐ First holder ☐ All joint account holders

If Mode of Operation for Joint Account is chosen as first holder or anyone of the holder or survivor(s), only specified operations such as transfer of securities including Inter- Depository Transfer, pledge / hypothecation / margin pledge / margin re-pledge (creation, closure and invocation and confirmation thereof as applicable) of securities and freeze/unfreeze of account and / or securities and / or specific number of securities nomination requests will be permitted.

DECLARATION

The rules and regulations of the Depository and Depository Participants pertaining to an account which are in force now have been read by me/us and I/we have understood the same and I/we agree to abide by and to be bound by the rules as are in force from time to time for such accounts. I/we hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I/we undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/ we are aware that I/we may be held liable for it. In case non-resident account, I/we also declare that I/we have complied and will continue to comply with FEMA regulations. I/we acknowledge the receipt of copy of the document, "Rights and Obligations of the Beneficial Owner and Depository Participant" in ☑ Physical ☐ Electronic.

I/We understand that the details furnished in this form (like PAN , Date of birth etc.) would be utilized by ICICI Bank Ltd to fetch my / our KYC details from various KYC (Know Your Client) Registration Agency (KRA) and Central KYC Records Registry (CKYCR). We hereby provide our consent for fetching of such information.

I/We also provide consent for sharing the Aadhar data and documents with KRA for validation of KYC information, as per regulatory requirement.

I/ We confirm that the information and data as available on my CKYC & KRA registries is true, correct, valid and updated and ICICI Bank Ltd can rely on this information for opening this Demat account.

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 agree and acknowledge that ICICI Bank Limited has been appointed as the custodian by my Portfolio Manager and shall have control over the account by way of a Power of Attorney issued by the Portfolio Manager in its favour. I represent that such Power of Attorney has been issued under due authorization from me to the Portfolio Manager and agree to keep ICICI Bank Limited indemnified from all losses caused due to acting upon such Power of Attorney.

I/We have read, understood and hereby agree to the terms stated in this Application Form as well as the Terms and Conditions governing Demat accounts as displayed on www.icici.bank.in and agree to abide by the same.

In compliance with the rule 9B of the Prevention of Money Laundering (Maintenance of Records) Rules, you are required to intimate us if there is any change in your KYC details along with updated documents (i.e. address, contact details, profile, etc.) within a period of 30 days from the date the change was made. Once you intimate us, we will make necessary changes in our records. Any update can be intimated to the Bank by Portfolio Manager Service Providers (PMS).

I/We have read and understood the Securities and Exchange Board of India's guidelines for facility for a BSDA. I/We are aware that if I/we are eligible to open a depository account as a BSDA, the account shall be opened as a BSDA. However, I/We hereby opt out of BSDA i.e. avail the facility of regular account.

- ☐ I /We have read / been explained 'The Privacy Notice' in my preferred language through vendors/ third parties/ Website. **(Mandatory)**
- ☐ I/We consent to receiving information about ICICI Bank's products and services through the following channels:
  - ☐ Voice (Call)
  - ☐ Text
- ☐ I /We consent to receiving information about ICICI Group companies and third party products and services
- ☐ Aadhar Consent

I/We have voluntarily submitted my Aadhaar to the Bank to establish my/our identity / address proof.

- ☐ CKCYR Consent

I hereby authorize ICICI Bank to search/fetch/download my Central KYC Records Registry (CKYCRR) and KYC (Know Your Customer) Registration Agency (KRA) record/reference number for the purpose of account opening/ servicing or upload/update of record and/or any other purposes.

Depository Services - Tariff Schedule

Custody Services	0.02% per annum on the value of the Assets under Custody including corporate action benefit collection in end client Demat A/c.
Fund Accounting	0.02% per annum on the value of the Assets under management Wealth connect charges- ₹750 per end client (One time)
Transaction charges - Equity (Debit only) Transaction charges – Debt (Debit only)	₹ 10/- per transaction ₹ 10/- per transaction
Transaction charges - MF Any other Transaction IPO, QIP, Open Offer, Buy Back, etc.	₹ 10/- per transaction on MF Demat Investments ₹ 100/- per transaction.
SEBI Regulatory Charges	0.0005% of AUC

Name of holder :			
Signature of all holder :			
	⊗ Signature of Sole/First Holder	⊗ Signature of Second Holder	⊗ Signature of Third Holder
Witness:			
	⊗ Witness Name and signature (In case any of the account holders provide thumb impressions)		

Notes :

1) All Charges will be billed on monthly basis. 2) Bank Account maintainance, PINS Application and CA Certification charges are additional. 3) All charges are including depository charges but excluding GST and any other statutory levies, if applicable. 4) Services other than those mentioned above will be charged for additionally. 5) ICICI Bank shall debit the charges from the current account of the client, without prior intimation, any time after fifteen days of dispatch of bill. 6) ICICI Bank reserves the right to review the tariff. 7) All communication shall be sent at the address of the Sole/First holder only. 8) Thumb impressions must be attested by witness or a Magistrate or a Notary Public or a Special Executive Magistrate. 9.)Signatures other than English or Hindi or any of the other language not contained in the 8th Schedule of the Constitution of India must be attested by a Magistrate or a Notary Public or a Special Executive Magistrate. 10) The nomination and Declaration form may be signed using e-Sign facility or wet signature and in these cases, witness will not be required. 11) For receiving Statement of Account in electronic form: I. Client must ensure the confidentiality of the password of the email account. II. Client must promptly inform the Participant if the email address has changed. III. Client may opt to terminate this facility by giving 10 days prior notice. Similarly, Participant may also terminate this facility by giving 10 days prior notice. 12) Post activation of demat account the Client Master Report and the scanned copy of charge structure may be provided at the email address recorded in the system. 13) Strike off whichever is not applicable.14) In case of joint account, on death of any of the joint account holders, the surviving account holder(s) has to inform Participant about the death of account holder(s) with required documents within one year of the date of demise.15) In case if 'first holder' is selected, the communication will be sent as per the preference mentioned at point G under "Mode of receiving Statement of Account". In case 'All joint account holders' is opted, communication to first holder will be sent as per the preference mentioned at point G under "Mode of receiving Statement of Account" and communication to other holders will be in electronic mode. The default option will be communication to 'first holder', if no option selected.

FOR OFFICE USE ONLY

In Person and KYC Verification carried out by				
Emp. Name:		Emp. Designation:		
Emp. Code:		Emp. Company:		⊗ [Employee Signature & Company Stamp]

ACKNOWLEDGEMENT

ICICI BANK LTD. Empire Complex, 1st Floor, 414 Senapati Bapat Marg, Lower Parel, Mumbai 400 013

DP–ID I N 3 0 1 3 4 8

Received the application from Mr/Ms _____ as the sole/first holder alongwith _____ and _____ as the second and third holders respectively for opening of a depository account. Please quote the DP & Client ID allotted to you in all your future correspondence.

Date :								

Participant Stamp & Signature

NOMINATION FORM FOR DEMAT ACCOUNTS
(To be filled in by individual applying singly or jointly)

ICICI Bank

UCC/DP ID: I N 3 0 1 3 4 8 Client ID: | | | | | | | | |

To,
ICICI Bank Ltd.
Empire complex, 1st Floor, 414, Senapati Bapat Marg,
Lower Parel (W), Mumbai 400013

I/We wish to make a nomination. [As per details given below]

NOMINATION DETAILS FOR DEMAT ACCOUNT

I / We hereby nominate the following person(s) who shall receive all the assets held in my / our account in the event of my / our demise, as trustee and on behalf of my / our legal heir(s) *

Mandatory Details

	Nominee 1	Nominee 2	Nominee 3
Name of the nominee(s) (Mr./Ms.)			
Relationship with Holder			
D.o.B of nominee ****	D D M M Y Y Y Y	D D M M Y Y Y Y	D D M M Y Y Y Y
Optional & Additional details			
Share of each Nominee(%)** (Decimal values not accepted)	%	%	%
Postal Address	PIN code	PIN code	PIN code
Mobile number			
Email ID			
Identity Number *** ☐ Pan ☐ Driving licence ☐ Aadhaar (Last 4 digits) ☐ Passport			
Guardian Details:****			
Name			
Address			
Pincode			
Mobile Number			
Telephone Number			
Email ID			
Relationship with nominee			

* Joint Account:

Event	Transmission of Account
Demise of one or more joint holder(s)	Surviving holder(s) through name deletion The surviving holder(s) shall inherit the assets as owners
Demise of all joint holders simultaneously – having nominee	Nominee

** If % is not specified, then the assets shall be distributed equally amongst all the nominees. Any odd lot after division / fraction of %, shall be transferred to the first nominee mentioned in the nomination form. (see table in 'Transmission aspects').

*** Provide only number: PAN or Driving Licence or Aadhaar (last 4). Copy of the document is not required. The Passport along with Aaadhar, PAN and Driving licence can be given for all categories.

**** to be furnished only in following conditions / circumstances:

- Date of Birth (DoB): please provide, only if the nominee is minor.
- Guardian: It is optional for you to provide, if the nominee is minor. "The aforesaid details (i.e. Mobile number, email id and personal identifier) shall be optionally provided for the Guardian, in case nominee is a minor".

1) I / We want the details of my / our nominee to be printed in the statement of holding or statement of account, provided to me/ us by the DP as follows; (please tick, as appropriate)

☐ Name of Nominee(s) ☐ Whether nomination given: Yes/No (not name of the nominee)

Rights, Entitlement and Obligation of the investor and nominee:

- If you are opening a new demat account, you have to provide nomination. Otherwise, you have to follow procedure for Opt-Out of Nomination.
- You can make nomination or change nominee any number of times without any restriction.
- The change in nomination shall supersede any prior nomination made by me / us, if any.
- You are entitiled to receive acknowledgement from the DP for each instance of providing or changing nomination.
- Upon demise of the investor, the nominees shall have the option to either continue as joint holders with other nominees or for each nominee(s) to open separate single account.
- The consent of all the joint holders shall be required for providing or changing nominee regardless of mode of operations.
- In case of 'Either or Survivor' folios/accounts any one of the holders will be able to make or change the nomination even subsequently.
- The requirement of nomination or opt-out of nomination shall be optional for jointly held demat accounts. However, if joint account becomes single holding account, then either the nomination or opt-out of nomination is mandatory.

Transmission aspects

- DPs shall transmit the account to the nominee(s) upon receipt of 1. Applicable Transmission Request 2) copy of death certificate and 3) completion / updation of KYC of the nominee(s). The nomimee is not required to provide affidavits, indemnitites, undertakings, attestations or notarization.
- In case of a joint account for transmission to the surviving joint holder(s) by name deletion, the surviving joint holder(s) shall have the option to update residential address(es), mobile number(s), email address(es), bank account detail(s), annual income and nominee(s), either along with transmission or at a later date.
- Nominee(s) shall extend all possible co-operation to transfer the assets to the legal heir(s) of the deceased investor. In this regard, no dispute shall lie against the DP.
- In case of multiple nomineees, the assets shall be distributed pro-rata to the surviving nominees, as illustrated below.

% share as specifed by investor at the time of nomination		% assets to be apportioned to surviving nominees upon demise of investor and nominee 'A'			
Nominee	**% share**	**Nominee**	**% initial share**	**% of A's share to be apportioned**	**Total % share**
A	60 %	A	0 %	0 %	0 %
B	30 %	B	30 %	45 %	75 %
C	10 %	C	10 %	15 %	25 %
Total	100 %	-	40 %	60 %	100 %

Notes :
1.) The nomination can be made only by individuals holding beneficiary owner accounts on their own behalf singly or jointly. Non- individuals including society, trust, body corporate and partnership firm, karta of Hindu Undivided Family, holder of power of attorney cannot nominate. If the account is held jointly, all joint holders will sign the nomination form. 2.) The Nominee(s) shall not be a trust, society, body corporate, partnership firm, karta of Hindu Undivided Family or a power of Attorney holder. A non-resident Indian can be a Nominee, subject to the exchange controls in force, from time to time. 3.) Nomination in respect of the beneficiary owner account stands Rescinded upon closure of the beneficiary owner account. Similarly, the nomination in respect of the securities shall stand terminated upon transfer of the securities. 4.) Transfer of securities in favour of a Nominee(s) shall be valid discharge by the depository and the Participant against the legal heir. 5.) On cancellation of the nomination, the nomination shall stand Rescinded and the depository shall not be under any obligation to transfer the securities in favour of the Nominee(s). 6.) DP ID and client ID shall be provided where demat details is required to be provided.

Signature(s) - As per the mode of holding (For Bank and Demat Account)

Name(s) of holder(s)		Signature(s) of holder / thumb impression	Signature of two witnesses*	Name of Witness & Address (wherever applicable) *
Sole/First Holder (Mr./Mrs.)				
Second Holder (Mr./Mrs.)				
Third Holder (Mr./Mrs.)				

*Signature of two witness(es), along with name and address are required, if the account holder affixes thumb impression, instead of wet signature.

Declaration Form for opting out of nomination

Date: D D M M Y Y Y Y

To

ICICI Bank Ltd,
Empire Complex, 1st Floor,
414, Senapati Bapat Marg, Lower Parel (W),
Mumbai – 400013

UCC/DP ID	I N 3 0 1 3 4 8
Client ID (only for Demat account)	
Sole/First Holder Name	
Second Holder Name	
Third Holder Name	

I/We hereby confirm that I/We do not wish to appoint any nominee(s) to my demat account/mutual fund folio at this point of time. I understand that –(i) The nomination helps to quickly identify the person for transfer of securities and helps in faster and smoother transmission of my securities to my legal heir(s) after my demise. (ii) In the absence of a nomination, my legal heir(s) may require the submission of certain additional legal or court-issued documents which may delay the process of transmission of securities to my legal heir(s). (iii) If no claim is made on the account / folio for a prolonged period after my demise, the holdings may be treated as unclaimed assets and they may be transferred to Investor Education and protection Fund Authority (IEPF) in accordance with the applicable regulatory framework. I/We confirm that I/We have understood the above implications and that my decision to opt out of nomination is voluntary.

Name and Signature of Holder(s)*

1._____ 2._____ 3_____

_____ _____ _____

*Signature of witness, along with name and address are required, if the account holder affixes thumb impression, instead of signature

Name of Witness:	Address of Witness:	Signature of Witness:

FATCA / CRS Declaration - Individuals

ICICI Bank

To: ICICI Bank Ltd

Date: D D M M Y Y Y Y

PART I - PLEASE FILL IN THE COUNTRY FOR EACH OF THE FOLLOWING (APPLICABLE FOR ALL CUSTOMERS):

Name:	Sole / First Holder	Second Holder	Third Holder
Country of Birth:			
Citizenship:			
Residence for Tax Purposes: *If multiple countries of tax residences, please specify countries*	1) 2)	1) 2)	1) 2)
Current Residence: *(Overseas Country for NRI)*			
US Person (Yes / No):			
Residential Status: *(Resident / Non-Resident)*			

Part II - (a) If in all fields above, the country mentioned by you is India (except in case of seafarers) and if you do not have US person status, please proceed to Part IV for signature.

(b) If for any of the above field, the country mentioned by you is not India and/or if your US person status is Yes, please provide the Tax Payer Identification Number (TIN) or Functional equivalent as issued in the specific country in the table below:

		Sole / First Holder	Second Holder	Third Holder
1	☐ TIN	TIN / FE Number	TIN / FE Number	TIN / FE Number
	☐ Functional Equivalent	FE Document Name	FE Document Name	FE Document Name
	Country Of Issue			
2	☐ TIN	TIN / FE Number	TIN / FE Number	TIN / FE Number
	☐ Functional Equivalent	FE Document Name	FE Document Name	FE Document Name
	Country Of Issue			

(c) If you satisfy the criteria mentioned in II (b) above, but do not have Taxpayer Identification Number/ Functional Equivalent, please tick the reason for the same as given below:

	Sole / First Holder	Second Holder	Third Holder
A. I am a person resident outside India with: (Choose Only if Applicable) For first time goers TIN / Functional Equivalent is to be communicated to the bank within 90 days, else the account will get closed.	☐ A ☐ Country not issuing TIN /Functional Equivalent ☐ Dependent Visa ☐ Student ☐ Seafarer ☐ First time visit to country of residence	☐ A ☐ Country not issuing TIN /Functional Equivalent ☐ Dependent Visa ☐ Student ☐ Seafarer ☐ First time visit to country of residence	☐ A ☐ Country not issuing TIN /Functional Equivalent ☐ Dependent Visa ☐ Student ☐ Seafarer ☐ First time visit to country of residence
OR	Visa / Residence / Work Permit / CDC Number	Visa / Residence / Work Permit / CDC Number	Visa / Residence / Work Permit / CDC Number
B. I am a person resident in India, as well as resident for tax purpose in India. *(Also fill Part III)*	☐ B	☐ B	☐ B

(d) In case you are declaring US person status as 'No' but your Country of Birth is US, please provide document evidencing Relinquishment of Citizenship. If not available, provide reason/s for not having relinquishment certificate.

Please also fill Part III Self-Certification.

Part III - Self-Certification.

To be filled only if - (a) Any of the indicia parameters is outside India and TIN or functional equivalent is not available since not a resident for tax purpose outside India, or (b) Country of Birth is US and US person is mentioned as "No" in Part I.

	Sole / First Holder	Second Holder	Third Holder
A. I confirm that I am not a US person and not a resident for tax purpose of US, though my country of Birth is US.	☐ A	☐ A	☐ A
B. I confirm that I am not a resident for tax purpose of any country other than India and US though one or more parameters suggest my relation with the country outside India	☐ B	☐ B	☐ B
Therefore, I am providing the following document as proof of my citizenship and / or residency in India.	☐ Passport ☐ PAN Card ☐ Election ID Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Gov ID Card	☐ Passport ☐ PAN Card ☐ Election ID Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Gov ID Card	☐ Passport ☐ PAN Card ☐ Election ID Card ☐ Driving License ☐ UIDAI Letter ☐ NREGA Job Card ☐ Gov ID Card

Part IV - Customer Declaration (Applicable for all Customers)

I) Under penalty of perjury, I certify that: 1. The applicant is (i) an applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District of Columbia or any other states of the U.S., (ii) an estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (Applicable only if the account holder is identified as a US person) or 2. The applicant is taxable as a tax resident under the laws of country outside India. (Applicable only if the account holder Is a tax resident outside of India) (ii) I understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA / CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. (iii) I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect. (iv) I agree that as may be required by domestic regulators/tax authorities the Bank may also be required to inform reportable details to CBDT or close or suspend my account. I shall seek advice from professional tax advisor for any queries (v) I certify that I provide the information on this form and to the best of my knowledge and belief the certification is true, correct, and complete including the taxpayer identification number/ functional equivalent number of the applicant. (vi) I/we certify that I have provided the information on this Form to the best of my knowledge and belief and the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the Applicant. I am further aware that as per the Union Budget, 2023, a penalty of Rs. 5,000 per account shall be levied for furnishing inaccurate statement of financial transaction owing to false or inaccurate self-certification submitted by me under FATCA/CRS.

NAME OF HOLDER	NAME OF HOLDER	NAME OF HOLDER
⊗ Signature of Sole/First Holder	⊗ Signature of Second Holder	⊗ Signature of Third Holder

Signature declaration

Date : D D M M Y Y Y Y

To
ICICI Bank Ltd.
Custody Services
Mumbai

Dear Sir/Madam,

Mandatory Fields		Sole / First Holder	Second Holder	Third Holder
A.	PAN Card No	PAN NO	PAN NO	PAN NO
B.	Supporting Document	NAME	NAME	NAME
		NUMBER (IF AVAILABLE)	NUMBER (IF AVAILABLE)	NUMBER (IF AVAILABLE)
Part 1 – If the signature recorded is different than the Supporting Document. (Please tick if applicable)				
C.		☐	☐	☐

Declaration:

With reference to my PAN Card / Supporting KYC document mentioned above and the account opening form submitted herewith, I request you to record with yourselves my latest signature as given below. The signature recorded in PAN Card / Supporting KYC document varies either because of lapse of time / my signature has changed. I confirm that my details and signature provided are true and updated. I have signed all account opening related documents, supporting documents including KYC documents with my latest signature as mentioned below in the presence of official doing IPV and OSV.

I undertake not to hold ICICI Bank or any of its officials responsible for any direct, indirect, claims, loss suffered by me due to the aforesaid signature declaration undertaken by ICICI Bank.

NAME OF FIRST HOLDER	NAME OF SECOND HOLDER	NAME OF THIRD HOLDER
Signature of Sole / First Holder	Signature of Second Holder	Signature of Third Holder

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual-First Holder

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick ✓ wherever applicable
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick✓( ) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only
(To be filled by financial institution)

Application Type* : ☐ New ☐ Update
KYC Number : (Mandatory for KYC update request)
Account Type* : ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS*

	Prefix	First Name	Middle Name	Last Name
Name*#: (Same as ID proof)				
Maiden Name: (IF any*)				
Father / Spouse Name*#:				
Mother Name*#				

Date of Birth : D D M M Y Y Y Y Gender : ☐ Male ☐ Female ☐ Transgender Marital Status : ☐ Single ☐ Married ☐ Others

Citizenship : ☐ Indian ☐ Others (ISO 3166 country code ☐☐) PAN* : ☐ Form 97 furnished

Residential Status* : ☑ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ Passport Number
- ☐ Voter ID Card
- ☐ Driving Licence
- ☐ NREGA Job Card
- ☐ National Population Register Letter
- ☐ Proof of Possession of Aadhaar
- II ☐ KYC Authentication
- III ☐ Offline verification of Aadhaar

Please affix your recent passport size photograph

Signature below photograph

Address

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ Passport Number
- ☐ Voter ID Card
- ☐ Driving Licence
- ☐ NREGA Job Card
- ☐ National Population Register Letter
- ☐ Proof of Possession of Aadhaar
- II ☐ KYC Authentication
- III ☐ Offline verification of Aadhaar
- IV ☐ Deemed Proof of Address - Document Type code
- V ☐ Self Declaration

Address

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

#Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same.

4. CONTACT DETAILS

Tel. (Off.) : Tel. (Res.) : Mobile :

Email ID :

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : D D M M Y Y Y Y Place :

Signature/Thumb Impression of Applicant

7. ATTESTATION/FOR OFFICE USE ONLY

Documents Received: ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS

Date : D D M M Y Y Y Y

Emp. Name :

Emp. Code :

Emp. Designation :

Emp. Company :

[Employee Signature]

Name :

Code :

[Institution Stamp]

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual-Second Holder

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick ✓ wherever applicable
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only
(To be filled by financial institution)

Application Type* : ☐ New ☐ Update
KYC Number : (Mandatory for KYC update request)
Account Type* : ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS*

	Prefix	First Name	Middle Name	Last Name
Name*#: (Same as ID proof)				
Maiden Name: (IF any*)				
Father / Spouse Name*#:				
Mother Name*#				

Date of Birth : D D M M Y Y Y Y Gender : ☐ Male ☐ Female ☐ Transgender Marital Status : ☐ Single ☐ Married ☐ Others

Citizenship : ☐ Indian ☐ Others (ISO 3166 country code ☐☐) PAN* : ☐ Form 97 furnished

Residential Status* : ☑ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ Passport Number
- ☐ Voter ID Card
- ☐ Driving Licence
- ☐ NREGA Job Card
- ☐ National Population Register Letter
- ☐ Proof of Possession of Aadhaar
- II ☐ KYC Authentication
- III ☐ Offline verification of Aadhaar

Please affix your recent passport size photograph

Signature below photograph

Address

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ Passport Number
- ☐ Voter ID Card
- ☐ Driving Licence
- ☐ NREGA Job Card
- ☐ National Population Register Letter
- ☐ Proof of Possession of Aadhaar
- II ☐ KYC Authentication
- III ☐ Offline verification of Aadhaar
- IV ☐ Deemed Proof of Address - Document Type code
- V ☐ Self Declaration

Address

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

#Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same.

4. CONTACT DETAILS

Tel. (Off.) : | | | | | | | | | | | | Tel. (Res.) : | | | | | | | | | | | | Mobile : | | | | | | | | | | | |

Email ID :

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : D D M M Y Y Y Y Place :

Signature/Thumb Impression of Applicant

7. ATTESTATION/FOR OFFICE USE ONLY

Documents Received: ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date : D D M M Y Y Y Y	
Emp. Name :	Name :
Emp. Code :	Code :
Emp. Designation :	
Emp. Company :	
[Employee Signature]	[Institution Stamp]

CENTRAL KYC REGISTRY I Know Your Customer (KYC) Application Form I Individual-Third Holder

Important Instructions:

A) Fields marked with '*' are mandatory fields.
B) Tick ✓ wherever applicable
C) Please fill the form in English and in BLOCK letters.
D) Please fill the date in DD-MM-YYYY format.
E) For particular section update, please tick (✓) in the box section number and strike off the sections not required to be updated.
F) Please read section wise detailed guidelines / instructions at the end.
G) List of State / U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
H) List of two character ISO 3166 country codes is available at the end.
I) KYC number of applicant is mandatory for update application.
J) The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only
(To be filled by financial institution)

Application Type* : ☐ New ☐ Update
KYC Number : (Mandatory for KYC update request)
Account Type* : ☐ Normal ☐ Minor ☐ Aadhaar OTP based E-KYC (in non-face to face mode)

1. PERSONAL DETAILS*

Name*#: (Same as ID proof)	Prefix	First Name	Middle Name	Last Name
Maiden Name: (IF any*)	Prefix	First Name	Middle Name	Last Name
Father / Spouse Name*#:	Prefix	First Name	Middle Name	Last Name
Mother Name*#	Prefix	First Name	Middle Name	Last Name

Date of Birth : D D M M Y Y Y Y Gender : ☐ Male ☐ Female ☐ Transgender Marital Status : ☐ Single ☐ Married ☐ Others

Citizenship : ☐ Indian ☐ Others (ISO 3166 country code ☐☐) PAN* : ☐ Form 97 furnished

Residential Status* : ✓ Residential Individual ☐ Non Resident Indian ☐ Foreign National ☐ Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS*

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ Passport Number
- ☐ Voter ID Card
- ☐ Driving Licence
- ☐ NREGA Job Card
- ☐ National Population Register Letter
- ☐ Proof of Possession of Aadhaar

II ☐ KYC Authentication

III ☐ Offline verification of Aadhaar

Please affix your recent passport size photograph

Signature below photograph

Address

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS

☐ Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

- ☐ Passport Number
- ☐ Voter ID Card
- ☐ Driving Licence
- ☐ NREGA Job Card
- ☐ National Population Register Letter
- ☐ Proof of Possession of Aadhaar

II ☐ KYC Authentication

III ☐ Offline verification of Aadhaar

IV ☐ Deemed Proof of Address - Document Type code

V ☐ Self Declaration

Address

Line 1*
Line 2
Line 3 City/Town/Village*
District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

#Name stated in the Account Opening Form (AOF), imprinted on the PAN Card as well as recorded with Income Tax Department (ITD) must exactly be the same.

4. CONTACT DETAILS

Tel. (Off.) : | | | | | | | | | | | | Tel. (Res.) : | | | | | | | | | | | | Mobile : | | | | | | | | | | | |

Email ID :

5. REMARKS (If any)

6. APPLICANT DECLARATION

- I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/We are aware that I/We may be held liable for it.
- I/We hereby consent to receiving information from KRA/CKYC through SMS/Email on the above registered number/Email address.
- I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA/CKYC and other Intermediaries with whom I have a business relationship for KYC purposes only

Date : D D M M Y Y Y Y Place :

Signature/Thumb Impression of Applicant

7. ATTESTATION/FOR OFFICE USE ONLY

Documents Received: ☐ Certified Copies ☐ E-KYC data received from UIDAI ☐ Data received from Offline verification ☐ Digital KYC Process ☐ Equivalent e-document ☐ Video Based KYC

KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
Date : D D M M Y Y Y Y	
Emp. Name :	Name :
Emp. Code :	Code :
Emp. Designation :	
Emp. Company :	
[Employee Signature]	[Institution Stamp]