

Annexure: CUSTOMER REQUEST LETTER

Date: _____

To,
The Branch Manager
 ICICI Bank Limited
 _____ Branch
 Branch Sol ID¹ _____

Dear Sir/Madam,

Subject: Request for Forward Deal on my FCNR deposit no. _____

Please invest:

Currency	Please tick (√) wherever applicable	Amount (please mention in respective currencies)
USD (United States Dollars or "USD")		
GBP (Great Britain Pounds or "GBP")		
EUR (Euro or "EUR")		
JPY (Japanese Yen or "JPY")		
AUD (Australian Dollars or "AUD")		
CAD (Canadian Dollars or "CAD") Any other currency (please specify) _____		

(*at rate of exchange as may be determined by ICICI Bank Limited, India ("ICICI Bank"), which shall be binding on me, irrespective of whether or not I have noticed of the same),

¹ Sol Id is Service Outlet ID

into an FCNR deposit for a tenure of _____ (please choose a tenure ranging from a minimum of 1 year and 1 day and upto a maximum of 5 years)) in currency as ticked (√) below:

USD	GBP	EUR	JPY	AUD	CAD	Any Other (please specify)

The maturity value of the USD/GBP/EUR/JPY/AUD/CAD/Other foreign currency non-resident or FCNR deposit ("**FCNR**"), available to me after appropriate reductions, charges, if any, should be booked forward for conversion into currency as ticked (√) below (please note that this currency would be the same as my initial currency of remittance):

USD	GBP	EUR	JPY	AUD	CAD	Any Other (please specify)

On the date of the maturity, please make available the proceeds to me in this currency mentioned in the box above.

I/we hereby agree, confirm and undertake that no premature closure or renewal of the deposit will be allowed for the above deposit and that the aforementioned deposit shall be repaid only upon maturity notwithstanding anything to the contrary contained in any other document or brochure relating to the FCNR deposit. However, in case of certain exigencies or circumstances due to which I/ We are unable to maintain the FCNR deposit for the tenure of the FCNR deposit; premature closure shall be allowed (if ICICI Bank, at its sole discretion, considers that such exigencies and/ or circumstances necessitate such closure of FCNR deposit) and the proceeds of such FCNR deposit shall be repaid to me/ us. I/we shall bear all exchange losses, costs or expenses related thereto, if any, and shall additionally pay to ICICI Bank INR 1000/-, and service tax as applicable towards cancellation charges due to cancellation of any forward contract. I/we understand that in case of premature closure of the FCNR deposit, I/we are not eligible to receive exchange gain, if any.

I/we understand that service taxes, as applicable, would be levied on all transactions wherever currency conversion is involved, including the converted gross amount of the maturity proceeds and conversion of my remitted currency to FCNR currency, and ICICI Bank can deduct this service tax from my remittance proceeds or from my NRE savings account.

I/we have read and understood and hereby agree to all the terms and conditions applicable to the forward contract (cross currency) facility, and as available, from time to time at www.icicibank.com/nri or at ICICI Bank locations (where available) or as personally provided to me/us.

I/we also agree to that my/our signature on this forward contract (cross currency) facility related FCNR deposit account opening form ("AOF") shall be treated as conclusive evidence and proof of my/ our acceptance of all terms and conditions applicable from time to time to the forward contract (cross currency) facility and I/ We shall not to dispute its validity, accuracy or authenticity. This declaration shall be deemed to be repeated by me/us each time we avail any new product and/ or services or participate in any promotion, schemes etc. provided/ extended by ICICI Bank from time to time.

Customer ID _____

Mode of Funding:

1) Please use the funds sent by SWIFT remittance dated _____ from remitting bank _____ and remittance reference No. _____ of currency _____ and amount _____

2) Please use the maturity proceeds of my existing FCNR account number _____

3)Others _____

Maturity Instructions: (Select ANY ONE of the options mentioned below)

Book a FCNR Deposit for **1 Year / 2 Years/ 3 Years/ 4 Years / 5 Years / _____** tenure (choose any one) of the maturity amount.

OR

Make an Outward Remittance Credit my account _____ (Please fill up & submit the outward remittance request form along with this letter)

(In the absence of clear maturity instructions, the maturity amount would be invested in an FCNR Fixed Deposit of maturity currency for a period of 1 year. Please send a separate letter for any other specific maturity instructions.)

Nomination:

I/We have been explained about the benefits of availing nomination facility

I/We understand that nomination and its details as provided in my Saving Account with the bank from which the FD is created shall also be applicable to such FD

I/We wish to appoint new nominee for the deposit (please submit DA1 form)

Yours truly,

(Customer Signature)

For Internal Use in Office

Signature Verified

Branch /BM/BOM Stamp*

(BM/BOM/RSM/ASM Signature)

Employee No. _____

*Not applicable for International Private Banking Relationship Manager Channel