

PART B: REQUEST RECEIVED FROM THE MANDATE HOLDER

Debit NRO Savings Account

I, Mr/ Mrs....., the mandate holder of Account Number held in the name of (name of applicants)

..... hereby authorise ICICI Bank Ltd to deposit

Cheque

Demand Draft

Cheque no.:

DD no.:

Drawn on NRO a/c:

Held with (name of the bank):

and Credit to:

ICICI Bank NRE a/c:

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Amount: ₹ (Rupees IN WORDS)

The source of funds being debited from the NRO account is

MANDATE HOLDER DECLARATION

On behalf of the account holder(s)....., I (Mandate Holder)..... hereby declare that the total amount of funds transferred by the account holder(s) to the NRE accounts in India and/or repatriated abroad through all NRO accounts held by them in India during this financial year including this application is within the limit of USD One million as permitted by the Reserve Bank of India.

I hereby undertake that I shall comply with the provisions of the Exchange Control Guidelines issued by the RBI and the Foreign Exchange Management Act, 1999 and all regulations thereof, including the Foreign Exchange Management (Deposit) Regulations, 2000.

Name of Mandate Holder: Signature of the Mandate Holder:

NOTES

Mandate holder for NRI Accounts can sign the request only if:

(A) Only if he is the mandate holder of the a/c being debited for credit to ICICI Bank NRE a/c

(B) If beneficiary is the account holder himself

Mandate holder cannot request for closure of account in accordance with the FEMA (Deposit) Regulations, 2000.

VERIFICATION BY BRANCH OFFICIAL

Track Number: AD Code:

Originating Br. ID: Scan Br. ID:

Mode of Operation:

DOCUMENTS REQUIRED

- a. Originals of Form 15 CA signed by the primary account holder and Form 15 CB certified by a Chartered Accountant.
- b. Photocopy of the documents proving the source of funds (eg: property sale deed, rent agreement, lease deed, etc)
- c. Bank Statement of the NRO account reflecting the the credits of the source of funds

.....

ACKNOWLEDGMENT SLIP

Received From: Account Number:
for:

Ref. No.:

Dated:

Signature:

Name of Signing Officer:.....

Stamp