

Complaint Form

Account typeSavings Current Credit card Loan Demat **Account details**Account no. DP ID

(for demat account holders)

Customer's name

| FIRST NAME | MIDDLE NAME | LAST NAME |
|------------|-------------|-----------|
| | | |

Address CITY PIN CODE TEL NO. MOBILE NO. E-mail

SR no.:

Detailed description of problem

.....

.....

.....

.....

.....

.....

CUSTOMER'S SIGNATUREDate

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Please submit the duly filled and signed form to Mr. Subhendu Tripathy, ICICI Bank Ltd., Phone Banking Center, ICICI Bank Tower, Financial District, Gachibowli, Hyderabad 500032. We will revert to you within 4 business days of the form reaching the bank.