ICICI Bank

Please fill all the details in **CAPITAL LETTERS** and **Black Ink** only. Fields with ★**(STAR)** are **MANDATORY**

Customer Information Updation Form- Individual Customer

★ Customer ID:	★ Account Number :
Customer ID:	Account Number :
Locker Cust ID:	Locker Account Number:

★ Customer Name:

★ Address:

★ Date of Birth: D D M M Y Y Y Y E-mail ID :

Communication Address : ☐ There is no change in my mailing address ☐ I wish to change my mailing address as per the below

House No. : Building Name:

Building Level.: Street No: Street Name:

Land Mark : Locality:

City: State: ★ PIN code : Country: (Please specify if other than India)

☐ I wish to update my contact details as below.

★ Tel No.: STD Code: (R) (O) STD Code : (O)

Mob. No. : PAN: UID Aadhar No.:

E-mail :

Permanent Address :

House No.: Building Name:

Building Level.: Street No: Street Name:

Land Mark : Locality:

City: State: ★ PIN code : Country: (Please specify if other than India)

E-mail :

★ Customer Profile

1. **Occupation:**
   a. If Salaried, employed with : ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ Public Sector ☐ Government ☐ Multinational ☐ Others
   b. If Self Employed, and If in Business, nature of Business : ☐ Manufacturing ☐ Trading ☐ Services ☐ Retailing ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Shroff / Money lender ☐ Multilevel Marketing ☐ Others
   If Professional, type of Profession: ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Consultant ☐ Engineer ☐ Others
   c. If Others : ☐ Housewife ☐ Retired ☐ Student
   d. If Agri Allied /Farmer, details of landholding : ☐ Nil ☐ <= 5 acres ☐ >5 acres
2. **Education :** ☐ Under Graduate ☐ Graduate ☐ Post Graduate ☐ Professional
3. **Gross Annual Income** (in ₹) : ☐ Nil ☐ < 1 lakh ☐ 1 lakh - 5 lakh ☐ 5 lakh - 10 lakh ☐ 10 lakh - 15 lakh ☐ 15 lakh - 20 lakh ☐ 20 lakh - 25 lakh ☐ 25 lakh - 50 lakh ☐ 50 lakh - 1 Cr ☐ >1Cr
4. **Source of Funds :** ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment ☐ Inheritance ☐ Rent ☐ Pension ☐ Funds of Family Member ☐ Others (Please specify) _____.

★ Joint Applicant details (In case of Joint Account)

(For office use only)

★Br. Code : ★Branch :_____

To be filled by Customer :

Name : (Joint Account Holder) Mr. ☐ Ms. ☐ Dr. F I R S T M I D D L E

L A S T

★Mother's Maiden Name : ★ Martial Status : ☐ Single ☐ Married

★Father's Name : ★ Gender : M / F

★Date of Birth: D D M M Y Y Y Y ★Category : ☐ Others ☐ SC ☐ ST ☐ OBC Form 60 ☐ / Form 61 ☐ (Fill in annexure form 60/61)

★PAN : ★Nationality, if other than Indian : _____

★UID (Adhar No.) : Relation with Primary Applicant :_____

Communication Address : ☐ There is no change in my mailing address ☐ I wish to change my mailing address as below

* Tel No.: STD Code: (R) (O) STD Code : (O)

Mob. No. :

House No.: Building Name:

Building Level.: Street No: Street Name:

Land Mark : Locality:

City: State: * PIN code : Country: (Please specify if other than India)

E-mail :

Permanent Address :

House No.: Building Name:

Building Level.: Street No: Street Name:

Land Mark : Locality:

City: State: * PIN code : Country: (Please specify if other than India)

E-mail :

* Customer Profile

1. **Occupation:**
   a. If Salaried, employed with : ☐ Proprietorship ☐ Partnership ☐ Pvt. Ltd. ☐ Public Ltd. ☐ Public Sector ☐ Government ☐ Multinational ☐ Others
   b. If Self Employed, and If in Business, nature of Business : ☐ Manufacturing ☐ Trading ☐ Services ☐ Retailing ☐ Agriculture ☐ Stock Broker ☐ Real Estate ☐ Shroff / Money lender ☐ Multilevel Marketing ☐ Others
   If Professional, type of Profession: ☐ Doctor ☐ CA/CS ☐ Lawyer ☐ Architect ☐ Consultant ☐ Engineer ☐ Others
   c. If Others : ☐ Housewife ☐ Retired ☐ Student
   d. If Agri Allied /Farmer, details of landholding : ☐ Nil ☐ <= 5 acres ☐ >5 acres
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4. **Source of Funds :** ☐ Salary ☐ Business Income ☐ Agriculture ☐ Investment ☐ Inheritance ☐ Rent ☐ Pension ☐ Funds of Family Member ☐ Others (Please specify) _____.

Customer Declaration :

- I /We understand and agree that Aadhaar number provided will be updated in the bank account will be shared with National Payment Corporation of India (NPCI) for receiving Direct Benefit Transfer credits
- I /We declare, confirm and agree to inform ICICI Bank regarding any changes in my/our residence / communication address and to provide new address to the Bank within two weeks of such change

* Signatures and Photographs

Please paste recent passport size photograph of all account holders

Primary Account Holder		Joint Account Holder	
Paste a recent passport size photograph here duly signed across (35 mm x 35 mm)	Signature (Name:-_____)	Paste a recent passport size photograph here duly signed across (35 mm x 35 mm)	Signature (Name:-_____)

Please enclose your proof of Identity and Communication address.

Note. 1. The address on this form should be same as in supporting documents. 2. If there are more than 1 Joint account holders, use photocopies of this form. 3. The submitted data is valid for all account number held in your Customer IDs.

Documents Submitted :(To be filled by Bank Official)

Customer	Photographs	Identify proof	Address proof	PAN
Primary account holder				
Joint account holder				

BSR code : (For Joint account holders, to be filled by Bank official)

Occupation	Male	Female
Agri Allied / Farmers (Landholding Nil, <=5 acres, >5 acres)	☐ 41141	☐ 41142
Business (Manufacturing, Trading, Services, Retailing, Agriculture, Real Estate) **Professional** (Doctor, CA/CS, Lawyer, Architect, Consultant, Engineer) **Housewife, Retired, Student**	☐ 41241	☐ 41242
Business (Shroffs / Moneylenders, Stock Brokers, Dealers in Bullion)	☐ 41441	☐ 41442
Salaried (Proprietorship, Partnership, Pvt. Ltd. Public Ltd., Public Sector, Government, Multinational, Wage salary earners, others)	☐ 41341	☐ 41342

*** KYC certification (To be filled by Bank Official)**

I confirm to have met Mr./Mrs_____ (Pleasespecify) _____ in person at his /her residence /office/others _____ _____ (Pleasespecify) _____ I also confirm that the form has been signed and filled by the applicant in my presence .

Date D D M M Y Y Y Y Employee Number

_____
Signature of Bank official

DVU done by :

Employee Number: Designation of the Bank Official _____ Name of Employee_____

Date D D M M Y Y Y Y DVU seal: Place : _____

_____
Signature of Bank official

Acknowledgement to Customer

Customer Name

Date of Request Received : D D M M Y Y Y Y Service Request No.

Name of Branch Official :

Employee Number of Branch Office : Signature _____

Branch Seal