

Please fill all the details in **CAPITAL LETTERS** and **BLACK INK** only. Field with *** (STAR)** are **MANDATORY**

Customer Information Update Form- Non-Individual and TASC customer

* Customer ID: <input type="text"/>	* Account Number : <input type="text"/>
Customer ID: <input type="text"/>	Account Number : <input type="text"/>

Current account
 Exchange Earner's Foreign Currency Account (EEFC)
 Special Saving Account
 Others: _____

FCRA Account: Yes No (Please tick the applicable box)
 FCRA Utilization Account: Yes No (Please tick the applicable box)

* Account Title / Name :

* Address:

In case of any changes in address or contact details please visit the branch

There is no change in our mailing address
 I / We wish to change our mailing address as below

House No. : Building Name:

Building Level.: Street No: Street Name:

Land Mark : Locality:

City: State: * PIN code : Country:

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

Mobile No. : E-mail ID:

***Customer Profile**

1. Education (For Individual / Sole proprietor accounts only) : Under Graduate Graduate Post Graduate Professionals Not applicable
2. Occupation : Self Employed Salaried Retired Housewife Student Farmer Others _____ (Please specify)
3. Type of Profession (Self employed /Professional): Doctor CA/CS Lawyer Architect Consultant Engineer Others _____ (Please specify)
4. Nature of Business: Services Trading Manufacturing Agriculture Related Retailing Stock Broker Real Estate Others _____
5. Annual Sales Turnover (in ₹): <40 lac 40 Lac to < 5 Cr 5Cr to < 25 Cr 25 Cr to < 100 Cr > = 100 Cr. Not Applicable
6. Type of industry: _____ Please specify # Code : _____ to be filled by bank official
7. Source of Funds : Business Income Rental income Agriculture Income Grants Donation Other _____
8. Whether Exports Imports IEC Code Value of Export : Value of Import : Not Applicable Both
Involved in : (₹. Lacs. pa) (₹. Lacs. pa)

***Signatures and Photographs**

Authorized Signatory 1	
Paste a recent passport size photograph here (30mm X 40 mm)	Signature (Name:- _____)

Authorized Signatory 2	
Paste a recent passport size photograph here (30mm X 40 mm)	Signature (Name:- _____)

Authorized Signatory 3	
Paste a recent passport size photograph here (30mm X 40 mm)	Signature (Name:- _____)

Authorized Signatory 4	
Paste a recent passport size photograph here (30mm X 40 mm)	Signature (Name:- _____)

Please enclose

1. Existence proof of entity :
2. Address proof of entity :
3. Identity proof of Authorised Signatory 1:
4. Identity proof of Authorised Signatory 2 :

5. Identity proof of Authorised Signatory 3 :
6. Photograph & Identity proof of POA holder, if applicable :
7. List of Beneficiary owners :
8. Any other documents:

Note : 1. The address on this form should be same as in supporting documents. 2. If there are more than 3 signatories, use photocopies of this form.
 3. The submitted data is valid for all account numbers held in your Customer Ids. 4. There is no change in constitution documents.
 #Code numbers to be viewed from Intranet (address : Business Groups>WBG>Support group>General Banking group>GBO>Current account>list of codes) and appropriate codes to be written.

OWNERSHIP AND CONTROL STRUCTURE INFORMATION SHEET

(Applicable for Authorized Signatories, Proprietor, Karta, Partners, Directors, Trustees, Grantors, Settlers and Beneficiaries Owners)

Account Title/Name :

1.Name* (Mr./Mrs./Ms./Dr)

*Date of Birth: *Nationality:

*Designation: Directors Beneficial owner Shareholder Partner Proprietor Trustee Grantors Settlers and beneficiaries of Trust Karta Communities Members for Society/Club/ Association Joint Account holders Others (Please specify)

Signatory Status: **Authorised Signatory** **Non Authorised Signatory**

PAN : DIN/DPIN:

*Type of Identity Proof :

Identity Proof: Number *Gender : Male Female

Type of Address Proof :

Address Proof Number :

*** Communication Address**

(House Office/Shop No.): Premises/Building Name :

Floor No. : Street No. : Street Name:

Landmark: Locality:

City: State:

PIN code: Country: Mobile : +91 No.

(O) STD Code : (O) E-mail ID:

I/We have existing relationship with ICICI Bank Yes No (If yes then please provide Customer ID/Ac No.)

2.Name* (Mr./Mrs./Ms./Dr)

*Date of Birth: *Nationality:

*Designation: Directors Beneficial owner Shareholder Partner Proprietor Trustee Grantors Settlers and beneficiaries of Trust Karta Communities Members for Society/Club/ Association Joint Account holders Others (Please specify)

Signatory Status: **Authorised Signatory** **Non Authorised Signatory**

Signatory Status: **Authorised Signatory** **Non Authorised Signatory**

PAN : DIN/DPIN:

*Type of Identity Proof :

Identity Proof: Number *Gender : Male Female

Type of Address Proof :

Address Proof Number :

*** Communication Address**

(House Office/Shop No.): Premises/Building Name :

Floor No. : Street No. : Street Name:

Landmark: Locality:

*City: State:

PIN code: Country: Mobile : +91 No.

(O) STD Code : (O) E-mail ID:

I/We have existing relationship with ICICI Bank Yes No (If yes then please provide Customer ID/Ac No.)

3.Name* (Mr./Mrs./Ms./Dr)

*Date of Birth: *Nationality:

*Designation: Directors Beneficial owner Shareholder Partner Proprietor Trustee Grantors Settlers and beneficiaries of Trust Karta Communities Members for Society/Club/ Association Joint Account holders Others (Please specify)

Signatory Status: **Authorised Signatory** **Non Authorised Signatory**

