Date : D D M M Y Y Y Y

ICICI Bank

INACTIVE AND DORMANT ACCOUNT ACTIVATION FORM

Account Number :

Customer ID:

Name : _____ First Name Middle Name Last Name

(Primary Applicant):

(Details to be filled in CAPITAL LETTERS)

To,

The Branch Manager

ICICI Bank Ltd._____ Branch

Dear Sir/Madam,

I/We _____ confirm that I/we have not operated my/our above Account for the following reason _____

_____

_____

I/We request you to activate my/our above account and update my/our communication address* as per the address proof provided.(*Only applicable in case of change in communication address)

House No. : Premise Name :

Building Level : Street No

Landmark :

Street Name : Locality :

Zip Code : Postal Code :

Telephone No : Mobile No :

ID proof provided : _____ Address proof provided : _____

Issue a ☐ new Cheque Book ☐ new Debit Card

Please send the ☐ Cheque Book ☐ Debit Card at ☐ Registered communication address ☐ Branch.

Sincerely,

Signature	Signature	Signature	Signature
Name	Name	Name	Name
(Primary Holder)	(Joint Holder1)	(Joint Holder 2)	(Joint Holder 3)

For Bank Use Only

Service Request No. _____ Created On D D M M Y Y Y Y

For Debit Card

Employee ID : Approved for activation ☐ Yes ☐ No

Employee Signature _____ Signature of Branch Manager _____

Verifier's employee ID and Signature _____