ADDRESS CHANGE FORM for "3 - in - 1 ICICI Direct Account"
(only for individuals and NRI)

ICICI Bank

I / We hold the below mentioned accounts with ICICI Bank Ltd. / ICICI Brokerage Services Ltd. (the "company/s"). I / We request you to register change in my / our accounts as per the details given below.

Account details : Mode of operation ☐ Either or survivor ☐ Any one or survivor ☐ Jointly or singly held

Saving account no. I - Direct Match account no.

Linked Demat accounts :

A	DP ID	I N	Account no.	
B	DP ID	I N	Account no.	
C	DP ID	I N	Account no.	
D	DP ID	I N	Account no.	
E	DP ID	I N	Account no.	

Signatures of :
(All the account Holders must sign if it's a jointly operated account)

Please fill in block letters

First account holder — FIRST NAME / MIDDLE NAME / LAST NAME — SOLE / FIRST HOLDER

Joint account holder 1 — FIRST NAME / MIDDLE NAME / LAST NAME — JOINT HOLDER 1

Joint account holder 2 — FIRST NAME / MIDDLE NAME / LAST NAME — JOINT HOLDER 2

Joint account holder 3 — FIRST NAME / MIDDLE NAME / LAST NAME — JOINT HOLDER 3

Joint account holder 4 — JOINT HOLDER 4

New correspondence address (to which all communication will be sent)

CITY STATE PIN CODE (MANDATORY)

TEL. NO. (WITH STD CODE) MOBILE NO. (WITH STD CODE) FAX NO. (WITH STD CODE)

E-MAIL

As required for change of correspondence address. I / We hereby authorise _____ one of the account holder / s as my / our
(Name of the Authorised Representative)
authorised representative whose signature is given below to submit the request in person.

(Signature of the authorised representative) ✕_____ (Signature of the authorised Representative / Account Holder in the presence of ICICI Bank official) ✕_____

I / We declare, confirm and agree that :

* All the particulars and information given in this form and in all documents referred to or provided therewith are true, correct, complete and up to date in all respects and I / We have not withheld any information. In case any information provided by me / us is found to be inaccurate or incomplete by the Company / s, the Company / s reserves the right to reject this request for address change without assigning any reason for the same.

* I / We shall keep the Company / s informed, at all times, of any change / alteration in my / our communication address, as notified by me / us to the Company / s and authorise the Company / s to update any change / alteration in my / our communication address that the Company / s may be informed of by me / us and / or is brought to the notice of the Company / s and hereby authorise the Company / s to contact me / us on such changed / altered address. I / We shall be solely responsible to ensure that the Company / s has / have been informed of the correct address for communication. I / We agree to indemnify the Company / s against any fraud or any loss or damage, etc., suffered by the Company / s due to my / our providing of any incorrect communication address and / or failure on my / our part to communicate the Company / s of the change / alteration in my / our communciation address.

I confirm that I have the necessary authority / mandate from all joint account holder / s to sign this declaration on behalf of myself and all joint account holders for all the products and services mentioned herein.

Date D D M M Y Y Y Y

_____
Signature of authorised representative / account holder in the presence of an ICICI Bank officer

FRONT

Acknowledgement

ICICI Bank

Demat check list

1 All holder / s must sign the form. All holder/s must come personally or authorise a representative by mentioning the authorised representativ's name and attesting his / her signature.
2 Attach copy of the proof of identity for all the holders & provide copy of the new address as per the list given below
3 All the holder/s documentary proofs should be verified and attested as "Verified with Original" by branch official

Documentary proof (please tick below)

Identity proof (provide any one document)
☐ 1 Passport
☐ 2 Voter ID Card
☐ 3 Driving licence
☐ 4 Pan card with photograph
☐ 5 MAPIN card
☐ 6 Credit card / Debit cards issued by banks with photo
☐ 7 Employee identity card with photo, issued by
a Central / State government
b Statutory / regulatory authorities
c Professional bodies as CAI, ICWAI, ICS and Bar Council
d Scheduled commercial banks
e Public financial institutions
f Public sector undertakings
☐ 8 Identity card / document with photo, issued by
a Scheduled commercial banks
b Professional bodies as CAI, ICWAI, ICS and Bar Council

Address proof (provide any one document)
☐ 1 Ration card **
☐ 2 Passport
☐ 3 Voter ID card **
☐ 4 Driving licence **
☐ 5 Bank statement / pass book
☐ 6 Verified copy of
a electricity bill (not more than two months old)
b telephone bills (not more than two months old)
c leave and licence agreement / agreement for sale
☐ 7 Self declaration by High Court and Supreme Court Judges,
mentioning the address as in their records
☐ 8 Documents mentioning address issued by
a Central / State government
b Statutory / regulatory authorities
c Professional bodies as CAI, ICWAI, ICS and Bar Council
d Public financial institutions
e Public sector undertakings

** Not applicable if the savings bank account is less than six months old

Important instructions :

This form is applicable for change of address for all products and services of ICICI Bank as specified. Please fill in complete details for recording the change of address pertaining to the respective product and services. Address change will be affected only if the first holder / first applicant remains same across all the products and services. ICICI Bank will intimate change of address by mail to primary account holder.

B A C K

To be filled in by ICICI Bank official

SDO Code ☐☐☐ SDO Name _____ Indoc No. _____

Signature of Bank Official Date D D M M Y Y Y Y Bank Branch Seal _____

ACKNOWLEDGEMENT

Service request (SR) No. _____

We have received your request for address change for the following accounts :

Savings Bank account no. ☐☐☐☐☐☐☐☐☐☐☐☐ ICICI Direct account no. ☐☐☐☐☐☐☐☐☐☐☐

DP ID I N ☐☐☐☐☐☐ Demat account no. ☐☐☐☐☐☐☐☐

DP ID I N ☐☐☐☐☐☐ Demat account no. ☐☐☐☐☐☐☐☐

DP ID I N ☐☐☐☐☐☐ Demat account no. ☐☐☐☐☐☐☐☐

DP ID I N ☐☐☐☐☐☐ Demat account no. ☐☐☐☐☐☐☐☐

DP ID I N ☐☐☐☐☐☐ Demat account no. ☐☐☐☐☐☐☐☐

Received by _____ Officer's signature _____

Branch _____ Date D D M M Y Y Y Y