

Re-KYC Form for Non-Individuals & TASC



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

Personal Information

Please update your account details below only for account/s held in the same names.

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

All the above mentioned account numbers shall be hereinafter referred to as Account(s).

*Entity Name: (Please leave space between two words)

*Address:

*PIN Code:

*Mobile: *E-mail ID:

*Tel.(R): - (Off): -

*DOI: *PAN: or Form 60 If not having PAN, fill Form 60

There is no change in my/our mailing address. Address proof to be provided, if applicable.

Customer Declaration for Dormant Account Activation

I/We confirm having checked the mobile number updated /to be updated in the bank records and understand that all SMS alerts for electronic banking transactions, transaction advices and any communication related to my account will be received on the mentioned mobile number.

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. (#Applicable in case of change in communication address)

Address & Contact (Only if changed)

I/we wish to change my/our mailing address as below (Please leave space between two words). Address proof to be provided for change of address.

Communication Address:

Shop /Office No.

Premise/ Bldg. Name:

Street / Road No.:

Street / Road Name:

Suburb / Landmark:

Locality/ Area:

Town: City: *PIN Code:

State: Country:

I/we wish to update the following details.

Tel.(R): - (Off): -

Mobile: E-mail ID:

DOB: PAN: or Form 60: If not having PAN, fill Form 60

Disclaimer: I/We hereby authorize the bank to send me/us SMS alerts and e-mails to the afore-mentioned mobile number and e-mail id provided by me/us.

Entity Profile Details

1. Nature of Business: Services Trading Manufacturing Agriculture Related Retailing Stock Broker
 Real Estate Self Employed Others_____
2. Source of Funds: Business Income Rental Income Agriculture Income Equity Infusion Grants
 Donation Others_____
3. Annual Sales Turnover (Rs.): <40 lakh 40 lakh to < 5Cr >5Cr to <25Cr 25Cr to <100Cr > =100 Cr
 Not Applicable
4. Whether involved in Import Export IEC Number:
5. Industry Type : _____(Please specify)_____ (Tick from the below options else specify if not available)

*Please specify the type of Industry (Tick):

- Automobile Restaurants IT/Software/BPO Agriculture Commodities Petrol Pump Forex Dealer/Bullion
- Media /Entertainment Leasing & Hire Purchase Contractors Construction Housing Finance Oil
- Fisheries/Poultry Steel/Hardware Fertilizers/Chemical-Seeds-pesticides Consultancy Cements/Paints
- Dairy/Food processing Electronics-Computer Hardware Education Engineering Goods Shroff
- Issue & Portfolio Management NBFC Pharmaceuticals Textile/Garments Hospital/Nursing Home/Clinics
- Retail Jewellery Hotels/Resorts Printing/Publishing FMCG Furniture/Timber Consumer Durables
- Travel/Touring Agency Term Lending Institution Broking Money Lender Marble/Granite Auto Finance
- Advt. Agencies Transportation/Logistics

Ownership and Control Structure Information Sheet

	1. Details of Authorised Signatory, Beneficial owner, Proprietor, Trustee, Grantors, Settlers, Karta	2. Details of Authorised Signatory, Beneficial owner, Proprietor, Trustee, Grantors, Settlers, Karta
*Designation: (Please Tick)	<input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial owner <input type="checkbox"/> Proprietor <input type="checkbox"/> Trustee <input type="checkbox"/> Grantors <input type="checkbox"/> Settlers and beneficiaries of Trust <input type="checkbox"/> Karta	<input type="checkbox"/> Authorised Signatory <input type="checkbox"/> Beneficial owner <input type="checkbox"/> Proprietor <input type="checkbox"/> Trustee <input type="checkbox"/> Grantors <input type="checkbox"/> Settlers and beneficiaries of Trust <input type="checkbox"/> Karta
Prefix (Mr./Miss/Mrs.)		
*Name:		
DOB:	(DD/MM/YYYY)	(DD/MM/YYYY)
Nationality:		
*PAN (mandatory)		
Customer ID:		

*Address:

Flat No./Bldg. Name:				
Road/Street Name.:				
Land Mark:				
City:	*PIN Code:		*PIN Code:	
State:	Country:		Country:	
Telephone No.:	(R):	(Off):	(R):	(Off):
*Mobile No.:				
Email ID:				
Identity proof:				
Address proof:				

*If Aadhaar is provided as an ID/Address proof, Customer to redact first eight digits of the Aadhaar Number.

***FATCA Declarations**

***FATCA - CRS Declaration**

A. Is the account holder a Government body or an International Organization like World Bank, WHO, IMF etc. Yes No

B. Is the account holder a listed entity on a recognised stock exchange Yes No

If "Yes" please specify name of stock exchange_____

C. Is the account holder an Indian Financial Institution Yes No

If "Yes", please provide your GIIN_____

(If GIIN is not there then provide the reason for not having it)_____

D. Is the account holder tax resident of any country other than India Yes No

If "Yes", then please fill FATCA/ CRS self-certification form

E. Is the entity substantially owned or controlled by persons resident for tax purpose in any country outside India or US persons: Yes No

(Kindly go through the table below and select the appropriate category)

S. No.	Entity Type	Controlling Person / Substantial owner	Yes / No
E-1	Company	Any natural person holding more than 10% of shares or capital or profits in a company or chain of ownership	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-2	Partnership	Any natural person holding more than 10% of the capital or profits of the partnership firm	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-3	Unincorporated association or Body of individuals	Any natural person holding more than 15% of the property or capital or profits of an unincorporated association or body of individuals	<input type="checkbox"/> Yes <input type="checkbox"/> No
E-4	Trust	Any natural person being the settler of the trust, the trustee, the protector, the beneficiaries with 10% or more interest in the trust and any person exercising ultimate effective control over the trust through a chain of control or ownership where the account holder is a trust	<input type="checkbox"/> Yes <input type="checkbox"/> No

E-5 If the answer to question 'E' is Yes but the answer E-1 to E- 4 is 'No' then is there any natural person exercising control over the entity through voting rights, agreement, arrangements, etc. or any other means. Yes No

E-6 If the answer to question 'E' is Yes but the answer E-1 to E- 5 is 'No' then relevant natural person who holds the position of senior managing official Yes No

If any of the above point in section E is ticked as Yes & the controlling persons are resident for tax purpose outside India or US persons then provide FATCA/CRS Self-Certification.

Customer Declaration

(i) Under penalty of perjury, I/we certify that:

1. The applicant is:

- (i) An applicant taxable as a US person under the laws of the United States of America ("U.S.") or any state or political subdivision thereof or therein, including the District to Columbia or any other states of the U.S.,
- (ii) An estate the income of which is subject to U.S. federal income tax regardless of the source thereof. (This clause is applicable only if the account holder is identified as a US person)

2. The applicant is an applicant taxable as a tax resident under the laws of country outside India.

(ii) I/We understand that the Bank is relying on this information for the purpose of determining the status of the applicant named above in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact on the applicant. I/we shall seek advice from professional tax advisor for any tax questions.

(iii) I/We agree to submit a new form within 30 days if any information or certification on this form becomes incorrect.

(iv) I/We agree that as may be required by domestic regulators/tax authorities the Bank may also be required to report, reportable details to CDBT or close or suspend my account.

(v) I/We certify that I/we provide the information on this form and to the best of my/our knowledge and belief the certification is true, correct and complete including the tax payer identification number of the applicant.

(vi) I/we certify that I have provided the information on this Form to the best of my knowledge and belief and the certification is true, correct, and complete including the taxpayer identification number / functional equivalent number of the Applicant. I am further aware that as per the Union Budget, 2023, a penalty of Rs. 5,000 per account holder shall be levied for furnishing inaccurate statement of financial transaction owing to false or inaccurate self-certification submitted by me under FATCA/CRS.

I/We hereby confirm that details provided are accurate, correct and complete

Authorized Signatories and Company Seal (if applicable)

Name_____ Date:

D	D	M	M	Y	Y	Y	Y
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Declarations

- I/We hereby authorise ICICI Bank to update the KYC details provided hereinabove in the Account(s) basis this Re-KYC form.
- I/We hereby declare that the information provided above with respect to the Account(s) is up to date and correct.
I/We agree that this request for RE-KYC is subject to verification and ICICI Bank reserves the right to reject my application without providing any reason may choose not to return the documents provided herewith. If incomplete or inaccurate information is given, ICICI Bank reserves the right to ask for additional documents at its sole discretion before processing the above request.
- In compliance with the rule 9B of the Prevention of Money Laundering (Maintenance of Records) Rules, 2005, customer agrees to intimate the Bank within a period of 30 days (from the date of update) in case of any update in KYC documents / information submitted at the time of establishment of business relationship / account-based relationship and thereafter, to enable updation of Bank records
- On successful KYC verification, the status of ReKYC will be updated at Cust ID level and Dormancy account _____ will be converted to active. Account will be regularised instantly for further operations
- Aadhaar consent: (Please tick below, if Aadhaar is submitted as a KYC document):
 "I have voluntarily submitted my Aadhaar copy to ICICI Bank for the purpose of establishing my identity/address proof for the purpose of KYC updation."

I submit a self- attested photocopy of the following as:

Entity proof: 1)

Entity proof: 2)

Place :

Date:

*Signature and Photographs

Authorised Signatory 1

Paste a recent
passport size
photograph here
30 mm X 40 mm

Signature

Name: _____

Authorised Signatory 2

Paste a recent
passport size
photograph here
30 mm X 40 mm

Signature

Name: _____

For additional authorised signatory / beneficial owner please fill separate Re-KYC form.

For Branch Use Only

I confirm having met Mr/Mrs _____ (Please specify) _____ in person, at his /her residence /office/ Others _____ (Please specify) _____

I also confirm that the form has been signed and filled by the applicant in my presence.

Date: Employee Number:

Signature of the Bank official



Acknowledgement To Customer

Re-KYC for A/C Number: _____

Acknowledgment Date: Reference No.: _____

Signature of the Bank official