

Service Request No.:

Date: D D M M Y Y Y Y

Overseas Mobile Number Updation Form

(For Resident Individuals)									
Customer Details									
I/ We hold savings account* with your bank. I/ We had registered my/ourOld_Number number with the bank to receive communication related to my/ our									
account, as well as transaction advices. (Please fill in all the details in CAPITAL LETTERS and use BLACK INK only. Fields with * (asterisk) are mandatory) * Name: Mr/ Ms/ Mrs/ Dr/									
First Name Middle Name Last Name									
Customer Declaration									
I/ We hereby confirm that I/ we have moved to on a temporary basis. I/ We am/ are not holding NRI status and my/ our duration of stay is not more than 180 days in any country outside India. I/ We confirm that I/ we shall not be liable to pay taxes in any country outside India. I/ We agree to submit the FATCA/ CRS declaration to the bank within 30 days of change of my/ our tax residency status from India to any other country. I/ We request you to update my/ our mobile number as given below in your records for sending any communication related to my/ our account, as well as transaction advices. I hereby voluntarily authorise the bank to contact me/us on the number mentioned below for verification, callback or checks to confirm the veracity of any transaction, as deemed fit by the bank. It is my/ our responsibility to inform ICICI Bank immediately if there is any change in the address/ mobile number mentioned herein and to provide further									
information as may be required by ICICI Bank. Overseas Mobile Number:									
*ISD code: *Mobile No.:									
I/ We confirm having checked my/ our mobile number, and further confirm that the said mobile number is held by me/ us and is not in use by any third party and I/we hereby undertake that I/ we shall duly and promptly inform the bank if and when my mobile number changes.									
I/ We hereby declare that all details provided in this form are true and correct. I/ We accept and agree that this declaration shall be in addition to any other declaration provided by me/ us with respect to the facility provided by ICICI Bank Ltd and agree to indemnify and keep ICICI Bank Ltd indemnified from any loss, damage, claim action, costs, charges and expenses which ICICI Bank may suffer or incur as a result of any defect/ misrepresentations made by me/ us in the above declaration.									

Customer Signatures:									
Signature	Signature	Signature							
Name: *(Primary Applicant)	Name: *(Joint Applicant 1)	Name: *(Joint Applicant 2)							
of stay is not more than 180 days 2. Duly filled request letter should be raised through Phone Banking for	in any country outside India e received at address given below within 7 w processing ICI Bank Limited, RPC Mumbai, Autumn Esta	sis and is not holding NRI status and duration working days from the date of Service Request ate, 5th Floor, 'A' Wing, Near Mhada,							

4	OlCICI Bank					ppl. No:				
"	F	FA	TCA/ CRS Declaratio	n Forn	<u>n</u> ⊢	ърг. 140.				
To	o: ICICI Bank Limited India									
Cı	ustomer ID:			Primary H	Holder Joint	Holder 1 Djoint Holde	r 2 🔲			
N	ame:									
Part I-Please fill in the country for each of the following (Applicable for all customers):										
a)	Country of Birth:					2. US Person				
<u> </u>	Citizenship:	\dashv				(Refer definition at bott	tom)			
c)	Country of Residence for Tax Purposes (In case	\exists	i)							
	of multiple tax residences, please specify all the countries of tax residence.		ii)			Yes N	0			
	Part II - Please note:		iii)							
	. If in all fields above, the country mentioned by you	ie i	adia and (avent in case of coaf	arore) and	lifuou do not hou	u IIC norcen etatus please n	racaad			
a	to Part III for signature.	15 11	iaia ana (except in case or sear	arers) and	i ii you do not na	e OS person status, piedse p	roceea			
b.	If for any of the above field, the country mentioned Identification Number (TIN) or functional equivalen					ase provide the Tax Payer				
i)	□ TIN or				Cour	ntry of Issue				
;;\	□ Functional equivalent(Please specify name and numb □ TIN or	ber)								
"	Functional equivalent(Please specify name and numb	ber)								
iii)	TIN or									
_	Functional equivalent(Please specify name and numb	_								
C.	If you satisfy the criteria mentioned in II (b) above reason for the same as given below:	/e b	ut do not have Taxpayer Identif	ication N	ımber/functional	equivalent, please tick the				
	I am a person resident out of India with (choose	e on	ly if applicable):							
OI	Country not issuing TIN/Functional equivalent	t		(mentio	on O Visa / O Re	sidence/ O Work permit num	nber)			
	I am a person resident in India as well as reside	unt f	for tay purposes in India (Place	o also fill	Part IV colf-corti	Section)				
D	<u> </u>			e diso nii	Furt IV Self-Ceru	ncation)				
(1)	Under penalty of perjury, I certify that:	: 10	r dii customers)							
"	The applicant is (i) an applicant taxable as a	a U	S person under the laws of the l	Jnited Sto	ites of America (U.S.") or any state or politica	ı			
	subdivision thereof or therein, including the District of 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) orThe applicant is taxable as a tax resident under the laws of country outside India. (This clause is applicable only if the account holder is a tax									
600	resident outside of India) (ii) Lundarstand that the Bank is relying on this information for the purpose of determining my status in compliance with EATCA/CPS. The Bank is not									
(")	(ii) I understand that the Bank is relying on this information for the purpose of determining my status in compliance with FATCA/CRS. The Bank is not able to offer any tax advice on FATCA/CRS or its impact. I shall seek advice from professional tax advisor for any tax questions.									
1	(iii) I agree to submit a new form within 30 days if any information or certification on this form becomes incorrect									
(1)	 (iv) I agree that as may be required by domestic regulators/tax authorities the Bank may also be required to infom reportable details to CBDT or close or suspend my account. 									
(v)	(v) I 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									
Signature:										
	Name:				Date (DD/MM/	YYYY):				
P	art IV- Self-Certification: (Not Applicable fo	or N	IRI customers except for poir	nt (b) bel	•	<u> </u>				
$\overline{}$	Any of the indicia parameters is outside India and T						or			
(b	Country of Birth is US and US person is mentioned	as	"No" in Part I							
Certification:										
I confirm that I am not a US person or a resident for Tax purpose in any country other than India, though one or more parameters suggest my relation with the country outside India.										
Tł	herefore, I am providing the following document as	pro	of of my citizenship and / or res	sidency		Signature				
Document Proof submitted (Pls tick document being submitted)										
Passport Election Id Card PAN Card Driving License UIDAILetter NREGA Job Card Govt. Issued ID Card										
	ote-The term United States person means:	nia-	d States of America:							
	(a) an individual, being a citizen or resident of the United States of America;(b) partnership or corporation organized in the United States of America or under the laws of the United States of America or any State thereof;									
(c	(c) a trust if: i. a court within the United States of America would have authority under applicable law to render orders or judgments concerning substantially all issues regarding administration of the trust; and ii. one or more U.S. persons have the authority to control all substantial decisions of									
	abstantially all issues regarding administration of tr he trust;	ne t	rust; and II. one or more U.S. pe	rsons ha	ve tne authority t	o control all substantial décis	sions of			
	(d) an estate of a decedent who was a citizen or resident of the United States of America									
Functional Equivalent of TIN includes the following:										

A social security/insurance number, citizen/personal identification/services code/national identification number, a resident / population registration number, Alien card number, etc.