

Annexure 19 – Saral GST Application Form

Account Number:

Users	User Name	CIB User ID (Existing if any)	Admin (Yes/No)	
User 1			<input type="checkbox"/> Yes	<input type="checkbox"/> No
User 2			<input type="checkbox"/> Yes	<input type="checkbox"/> No
User 3			<input type="checkbox"/> Yes	<input type="checkbox"/> No
User 4			<input type="checkbox"/> Yes	<input type="checkbox"/> No
User 5			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Note:

Users who have an existing Customer ID, but do not have a corporate ID/CIB user ID, need to fill Channel registration form in addition to this application form.

New users, please fill Customer ID creation form and channel registration form in addition to this application form.

Volumes

Invoices Per month _____ No. of Legal entities _____ No. of GSTINs _____

Pricing#

Price Per month Invoice

Fixed

(Tick whichever is applicable)

₹

Per GSTN (₹) Per Month

#In case of fixed cost per month, if the above stated volumes exceed by more than 10%, then the fixed cost will be increased proportionately.

Integration

H2H Required Yes No

If yes, one time cost ₹

One time Setup cost

Any other cost
(Please specify cost type)

Terms & Conditions:

- By signing this form, accessing or using Saral GST facility through Corporate Internet Banking (“CIB”).
- I/ We acknowledge that ICICI Bank has entered into an agreement with vendor/s including GST Suvidha Provider (“GSP”) to provide Saral GST to the Customer of ICICI Bank for GST compliance.
- I/ We acknowledge that ICICI Bank will not be responsible for any liability and makes no warranties, express or implied as to the content or the accuracy and reliability of the content posted through or in connection with the portal, by me/us.

Date: DD MM YYYY

For _____

Name _____

For ICICI Bank Use ONLY

Branch Sol id & Name

Authorised Signatory

Authorised Signatory

(Rubber Seal of company required)