

Complaint Form**Account type**Savings Current Credit card Loan Demat **Account details**Account no. DP ID

(for demat account holders)

Customer's name

FIRST NAME	MIDDLE NAME	LAST NAME

Address

CITY PIN CODE TEL NO. MOBILE NO. E-mail

SR no.:

Detailed description of problem

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Date

CUSTOMER'S SIGNATURE

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Please submit the duly filled and signed form to Mr. Girish Sehgal, ICICI Bank Ltd., Phone Banking Center, ICICI Bank Tower, Financial District, Gachibowli, Hyderabad 500032. We will revert to you within 4 business days of the form reaching the bank.