

Application No.:

Prepaid Card Application Form

Please fill in the form in BLOCK LETTERS and attach all relevant documents as specified on this form. Please complete all sections. Tick boxes as applicable.

FIELDS WITH * ARE MANDATORY

For office use only

CKYCR available* New Update
 KYC Number (Mandatory for KYC update request)
 Account Type* Normal Simplified (for low risk customers) Small

Applicant's Photo

 Please affix a recent
 photograph.
 Please sign in black ink
 within the box

	Prefix	First Name	Middle Name	Last Name
*Applicant Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Father Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Spouse Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Mother Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maiden Name (If any*):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
*Mother Maiden Name:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

(This information may be used to verify your identity when you want your Card account details over phone.)

*Gender: Male Female Transgender *Date of Birth:
DD MM YYYY

*Marital Status: Single Married Others *Nationality: Indian Others (Country Code)

*Education: Under Graduate Graduate Post Graduate

*Residential Status: Resident Individual Non Resident Indian Foreign National Person of Indian Origin

*Occupation Type: Service (Private Sector Public Sector Government Sector)
 Others (Retired Student Not Categorised)
 Business

COMMUNICATION ADDRESS

*Flat No./Society Name:

*Road No./Name:

*Nearest Landmark: *City / Town / Village:

*District: *Pin Code: *State Code: *Country Code:

PERMANENT ADDRESS

*Flat No./Society Name:

*Road No./Name:

*Nearest Landmark: *City / Town / Village:

*District: *Pin Code: State Code: *Country Code:

CONTACT DETAILS

*Mobile:
 Tel. (Res/Off):
 Email ID:

PROOF OF IDENTITY AND ADDRESS

<input type="checkbox"/> Passport Number	<input type="text"/>	Passport Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> Voter ID Card	<input type="text"/>	<small>DD MM YYYY</small>	
<input type="checkbox"/> PAN Card	<input type="text"/>		
<input type="checkbox"/> Driving Licence	<input type="text"/>	Driving Licence Expiry Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/> UID (Aadhaar)	<input type="text"/>	<small>DD MM YYYY</small>	
<input type="checkbox"/> NREGA Job Card	<input type="text"/>		
<input type="checkbox"/> Other (any document notified by the central govt.)	<input type="text"/>	Identification Number	<input type="text"/>
<input type="checkbox"/> Simplified Measures Account - Document Type code	<input type="text"/>	Identification Number	<input type="text"/>

For married women, proof of identity with her maiden name, if supported with a verified true copy of marriage certificate are acceptable as valid identity proof.

* PAN/GIR No. Of First Applicant:

*(Copy of Pancard Mandatory)

OR

FORM 60 / 61 (TO BE FILED BY THOSE WHO DO NOT HAVE EITHER PAN OR GIR)

Are you a Tax Assessee Yes No

If yes, (a) Details of ward/ Circle/Range ware the last return of income was filed _____

(b) Reason for not having PAN/GIR No. : _____

do hereby declare that what is stated is true to the best of my knowledge and belief. Verified at _____ this the _____ day of _____ 20

CORPORATE DETAILS

*Name of the Company: _____
*Office Address: _____
*City / Town / Village: _____ *District: _____
*Pin Code: _____ *State Code: _____ *Country Code: _____ *STD code: _____ Tel.: _____

FOR ICICI BANK CUSTOMERS

Are you an existing ICICI Bank customer: Y N

If yes, please specify the current relationship with ICICI Bank: Bank Account Loan Account Credit/ Debit/ Prepaid Card
 Others, please specify _____

Please provide details of the current relationship _____

CARD CHARGES

Annual Fee as per mentioned in Corporate Agreement shall be debited from the Card Upload amount towards Maintenance of Card Account. (For details please refer Terms and Conditions on our website www.icicibank.com)

DECLARATION

I hereby declare that the details furnished above and available on the website www.icicibank.com are true and correct to the best of my knowledge and belief and I undertake to inform you of any changes therein, immediately. I understand that access to any changes/ update in Terms and Conditions applicable to this relationship would be available on the website only. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.

I declare, confirm, agree:

- 1. That all the particulars and information given in this Application Form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I have not withheld any information. I understand that certain particulars given by me are required by the operational guidelines governing banking companies. I agree and undertake to provide and further information that ICICI Bank Ltd./its group companies may require.
2. That I have no insolvency proceedings initiated against me nor have I ever been adjudicated insolvent.
3. That I have read the Application Form and brochures and am/are aware of all the terms/conditions of availing finance or service or products from ICICI Bank and its group companies.
4. I agree and understand that ICICI Bank Limited / group companies reserve the right to reject any Application Form without providing any reason. I agree and understand that ICICI Bank Ltd. / its group companies reserve the right to retain the Application Forms, and the documents provide therewith, including photographs and will not return the same to me.
5. I have also read and understood Terms and Conditions under which the scheme is offered to my organisation and its employees.
6. I agree that my employer has full right to reverse an instruction given by them for any amount within a period of three working days and I will not dispute or hold the bank responsible for any such debits on the Card.
7. I understand that it is my responsibility to inform ICICI Bank immediately on termination of my employment with my current employer whereupon I will cease to enjoy any or all benefits under this scheme, and to inform ICICI Bank & its group companies regarding change in my residence / employment and to provide any further information that ICICI Bank & its group companies may require from time to time.
8. I authorize ICICI Bank and/ or its associates to verify, make enquiries with respect to any information or otherwise at my office/ residence or to contact me or any other source to obtain or provide any information that ICICI Bank may consider necessary in respect of or in relation to information in this Application/ further. Application Forms including but not limited to confirming membership requirements or maintaining my account in good standing.
9. I hereby authorize ICICI Bank Ltd. / its group companies to exchange share or part with all the information data or documents relating to my Application to other ICICI group companies/ Bank/ Financial Instruction/ Credit bureaus / Agencies Statutory Bodies such other persons as ICICI Bank Ltd./its group companies may deem necessary or appropriated as may be required for use or processing of the said information/data by such person or furnishing of the processed information/data/products thereof to other banks/financial institutions / credit provider / users registered with such persons and shall not hold ICICI Bank Ltd./its group companies liable for use of this information.

- 10. I agree and understand that I have to complete further Application Forms for specific liability products services from ICICI Bank Ltd./ its group companies as prescribed from time to time and that such further. Application shall be regarded as an integral part of this Application and vice versa and that unless otherwise disclosed in such further forms are prescribed the particulars and information set forth herein as well as the documents referred or provide herewith are true, correct, complete and up-to-date in all respect. I agree and understand that such further Application will require incorporation of the Application form number, and/or such details as ICICI Bank may prescribe, to facilitate data management.
11. I authorize ICICI Bank Ltd. to issue an ICICI Bank Prepaid Card to me. I acknowledge that the issue and usage of the Prepaid Card is governed by the Terms and Conditions as in force from time to time and agree to be bound by the same. I accept that the Terms and Condition of Prepaid Card are liable to be amended by ICICI Bank Ltd. from time to time. I further unconditionally and irrevocably authorize ICICI Bank Ltd. to debit my Card Account annually with an amount equivalent to the fee and charges for use of the card. I hereby confirm that this account will be operated singly.
12. I shall at all times comply with applicable laws and regulations while using this Card.
13. I understand that it shall be my responsibility to keep the Card, its PIN and password/s protected and concealed at all times. I shall not hold ICICI Bank liable for any loss / damage / harm resulting from a failure to do so.
14. I hereby agree to keep ICICI Bank fully indemnified against any loss / damage / harm that may be caused to ICICI Bank as a result of breach of any declarations, breach of any terms and conditions or any unauthorized / unlawful use of the Card.
15. The Applicant/s has/ have no objection to ICICI Bank Limited, its group companies, agents/ representatives to provide me/us information on various products, offers and services provided by ICICI Bank Limited/its group companies through any mode (including without limitation through telephone calls/ SMSs/ emails) and authorise ICICI Bank Limited, its group companies, agents/representatives for the above purpose.
16. I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address.
(Please tick Yes or No, as acceptable to the Applicant/s) : Y or N

Signature of Applicant

KYC CERTIFICATION (To be filled by the bank official)

I have met Mr./ Ms. _____ in person at his/ her residence/ office/ others (please specify) _____ and confirm that I have verified the copies of the identity and address documents(as applicable) against originals as produced by the applicant. I also confirm that the form has been signed by the applicant in my presence.

*Name of the Bank Official/ SE/ BDE authorising the Application form: _____

Designation: _____ Employee No.: _____

Date:
DD MM YYYY

Signature of Bank Official / SE / BDE and Branch stamp with Branch Code