

Please write in CAPIT	FAL letters and use black ink pen.	ccount Customers (For all customer types)
Account details (A	All communications will be sent to the	address mentioned in our records)
	(NV RLCEDAIII)	
Account Number	112105001455	ENTERS PRIVATE LIMITED
	ise / tick mark the appropriate b	
		<b>~</b>
	Signature**	CIB Cards Phone Banking
		A Company of the State of the S
	A. Facer Pair	Existing ICICI Bank
1.15.38	A. Jaco	Account No:
	*User Name : Mr /Mr /Mr	(For KYC)
	*Email ID : O Lald & Els	DEPAUDI PRAVEEN RAJU
	*Mobile: +91 8885539	1225
	The second secon	
	A. Saubelinda	Debit Card Inquiry Card
	1. Laterase V	Existing ICICI Bank Account No:
A SEALING	***	(For KYC)
3 B 3 A B B B B B B B B B B B B B B B B	User Name: Mr./Mrs./Ms.	LAMSETTY SAMBA SIVA RAO
具过期域	Email ID SambasTV	arabamadi phopenties. com
	Mobile : +91	
-52	A Control of the Cont	
		View Transaction Debit Card Inquiry Gard
	May	Existing ICICI Bank
		Account No: (For KYC)
	*User Name : Mr./Mrs./Ms. MO	HAMMED MAAGOOD HUSSAIN
	*Mobile: +91 9553285	7-8K
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Stick recent passport size		Existing ICICI Bank
photograph here (Not applicable		Account No:
for Govt.	*User Name: Mt./Mrs./Ms.	B C 7   > 1   - 1   - 1   - 1   - 1     - 1
Departments)	*Email ID :	DIST NAME LAST NAME
	*Mobile : +91	
* Mandatory De	Taile to be 50	The same of the sa
1. Valid Passnor	ers are not authorized signatories and are not ICIC	Blank account holders, submit the one of the following documents as Identity Proof
* Signatures of	(8. Freedom Fighter's Pass 9. Letter from Existing	A Assessment October 19 PAN Card PAN Intimation Letter 5. Driving License 6. Armid License 6. Armid License 6.
2) Transaction	Access included 1 F. Account Balance	S.FD Openido Ston Charles
Lakhs and a	by other facility the state of maximum of up to Rs.	15 lakh). Stop Payment Information this access includes: Account late was
Debit Card\	of manualonly issued for	availing Walk Contract to
Card	lion, Interest Dividend, Settlement, EEFC, TASC a	and HUF actor his and accounts with cash credit/overdraft facility will not be issued Debit
		occupational facility will not be issued Deb



## CORPORATE INTERNET BANKING - TRANSACTION ACCESS

# CIB MODE OF OPERATION (Work Flow Matrix - Please - tick mark the appropriate box

For CIB, the work flow rules would be common in The approvers mentioned should be registered. For work flows having more than two approvers In case of Jointly, both users should have same	users in CIB.	document.	Case of this selection sep	arate annexure to	be attached)
Corporate ID (existing if any)	5777	16397			
User ID (existing if any)	Existing (legs to	Disting tieer	i) Frieda	How O	
				2 Vettic (C)	Existing User 10
Account No. to be linked to Corporate ID & User ID					
Maker Name	Adde patty Provery Ra	.4			
Approver's Name*	1 Allans catte of	10			
Please maintain user order for approval (approver hould be a user in CIB with same access option)	1 Allam setty & Siva Rao	amb'n	1		1
lease give approvers name only, do not sign	2 Soham Ka D	2	2		
Approver Maximum Transaction Limit - or Tax Payments (inv.)*	Satish mod		2		2
Add applicable for individuals, proprietors, partnership firms and HUF)  Approver Maximum Transaction Limit -	5 Croses				
or all payments other than Tax (in t.)*  Not to be filled if the Mode of Operation is as per # Supporting documents: BR/Partnership/LLP/Prop in Case amount is not mentioned in BR or support	Board Resolution, D		Umanta#		
In Case amount is not mentioned in BR or supportion Case amount is not mentioned in BR or supportion Case Approver Transaction Limit for Tax Payme in Case Approver Transaction Limit for All Other Paf both the limits are not specified, left blank or mar The minimum transaction limit for the user is nil	ng document then transaction in	mits mentioned in the form a	have will be	il for all Other o	

	SUPPORTING DOCUMENTS									
Type of Product	Channel Registration form	POA Letter	HUF Letter	Board Resolution	Partnership Letter with deed	Limited Liability Partnership Letter with	TASC Resolution	Co.Operative Regional Rural Bank		
Individual	Y					deed		Resolution		
Proprietor / POA	Υ	Y								
Hindu Undivided Family	Υ		Y				·			
Public Limited Company	Υ									
Private Limited Company	Y			Y				and the second discussion of the second		
Partnership Firm	Y			Υ.				- Collection and Asserta		
Limited Liability Partnership firm	Υ				Y					
TASC	Y					Y				
Co-Operative / Regional Rural							Υ			
Banks	, , , , <b>Y</b>		e de la companya de l					Y		



## Important notes

- This CRF form is applicable to all types of customers Individual, Proprietor, HUF, TASC, Special Saving Account customers of TASC, Co-
- The Customer ID linked to the above account number mentioned will be linked for CIB access. Hence all accounts under the Customer ID will

Account linking for Corporate Internet Banking

The Bank while opening an account, opens the same under a customer ID. The client agrees that the account number specified or such account number that would get allotted pursuant to the request for opening the account, shall be used to identify the client's customer ID and the account linking for CIB would be carried out on the basis of such customer ID. In the event, at any point in time, a customer ID has accounts other than the above referred accounts linked to it, then the user shall be provided access to all such

I/We have read, understood and hereby agree to the terms and conditiins as applicable to the banking services selected by me/us for the operations of my/our account as set forth on the website https://www.icicibank.com/managed-assets/docs/termscondition/CIB\_tnc.pdf and that I/we will adhere to all the terms and conditions applicable.

I/We are aware of charges applicable for banking services and I/we further authorize ICICI Bank Limited to debit my/our account(s)

I/We declare, confirm and agree:

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- 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/we have not withheld any information. I/We understand that certain particulars given by me/us are required by the operational guidelines governing banking companies. I/We and undertake to provide any further information that ICICI Bank Ltd. and its Group Companies may require.
- That I/we have had no insolvency proceedings initiated against me/us nor have I/we ever been adjudicated insolvent

I/We agree, undertake and authorize ICICI Bank Ltd. / it's Group Companies to exchange, share or part with all the information, data or documents relating to my/our application to other ICICI Group companies /Banks/Financial Institutions/Credit Bureaus/Agencies /Statutory Bodies/ such other persons as ICICI Bank Ltd. / it's Group companies may deem necessary or appropriate as may be required for use or processing of the said information/data by such person/s or furnishing of the processed information/data/ products thereof to other Banks/Financial Institutions/credit providers/users registered with such persons and shall not hold ICICI Notes: Only the person authorized by Board can sign on the FormBoard Resolution format is hosted on website as part of

Authorise d Signatory REQUIRED) For ICICI Bank use only To be filled in by Solutions Manager / Branch Staff Channel Staffware Case ID: ..... Branch/SM Employee Name: ..... Branch/SM Employee ID: Branch/SM Phone No.: Sourcing Details Lead Generator Code Lead Fulfiller Code Acquisition Channel Code