



JOINT ACCOUNT AUTHORIZATION FORM

FOR OFFICE USE	Joint Applicant CIF Number				Joint Applicant ABM Card Number			
	1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	1.	<input type="text"/>		
	2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	2.	<input type="text"/>		
	Lead Generator Emp. ID:				Lead Converter Emp. ID:			
NOTE (if any):								

A maximum of three individuals can be joint on a Personal Account.

* Mandatory field

EXISTING PRIMARY CUSTOMER INFORMATION *				<input type="checkbox"/> No change in address / contact for existing customer			
Title *	First Name *	Middle Name	Last Name *	CIF Number *			
				<input type="text"/>			
Account Numbers to be converted to Joint status:							
1 ⇨	<input type="text"/>	2 ⇨	<input type="text"/>	3 ⇨	<input type="text"/>		
Country of Birth *				Nationality *			
Are you a PEP or HIO *? <input type="text"/> ⇨ Click here for the definition of PEP and HIO							
Nature of Profession *		Industry *		Title *			
Primary Business Function * ⇨ Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.							
Company Name				Business Phone Number		Length of Time Employed ___ year(s) ___ month(s)	

FIRST JOINT APPLICANT INFORMATION *				<input type="checkbox"/> No change in address / contact for existing customer				
Title *	First Name *	Middle Name	Last Name *	CIF Number (if existing customer)				
				<input type="text"/>				
Mother's Maiden Name * (For your protection, information required for future verification)			Social Insurance Number *		⇨ SIN mandatory for Savings & GIC Accounts		Date of Birth * (dd-mm-yyyy)	
Home Address * ⇨	Street No. *	Street Name *		Apt / Unit #		Length of Time at Current Address ___ year(s) ___ month(s)		
	City *		Province *	Postal Code *		Country CANADA		
Home Phone Number		Cell Phone Number † 001		⇨ Either of Home or Cell number is mandatory				Email Address *
Mailing Address (if different from home address)								
City			Province		Postal Code		Country	
Country of Birth *				Nationality *				
Are you a PEP or HIO *? <input type="text"/> ⇨ Click here for the definition of PEP and HIO								

FIRST JOINT APPLICANT EMPLOYMENT INFORMATION							
Nature of Profession *		Industry *		Title *			
Primary Business Function * ⇨ Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.							
Company Name				Business Phone Number		Length of Time Employed ___ year(s) ___ month(s)	
Company Address			City		Province		Postal Code

SECOND JOINT APPLICANT INFORMATION *						<input type="checkbox"/> No change in address / contact for existing customer																	
Title *	First Name *	Middle Name	Last Name *			CIF Number (if existing customer)																	
						<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																	
Mother's Maiden Name * (For your protection, information required for future verification)						Social Insurance Number * ⇨ <i>SIN mandatory for Savings & GIC Accounts</i>						Date of Birth * (dd-mm-yyyy)											
Home Address * ⇨	Street No. *	Street Name *				Apt / Unit #		Length of Time at Current Address															
	City *		Province *		Postal Code *		Country CANADA																
Home Phone Number		Cell Phone Number †		⇨ <i>Either of Home or Cell number is mandatory</i>		Email Address *																	
		001																					
Mailing Address (if different from home address)																							
City				Province				Postal Code		Country													
Country of Birth *						Nationality *																	
Are you a PEP or HIO *? _____ ⇨ Click here for the definition of PEP and HIO																							

SECOND JOINT APPLICANT EMPLOYMENT INFORMATION							
Nature of Profession *		Industry *		Title *			
Primary Business Function * ⇨ Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.							
Company Name				Business Phone Number		Length of Time Employed	
						____ year(s) ____ month(s)	
Company Address			City		Province		Postal Code

OTHER PARTY INFORMATION * (This section must be completed)					
Anti-money laundering legislation requires us to obtain the following information. This section is mandatory and we cannot open the account without this information, which is strictly confidential.					
Will this account be used by or on behalf of any other party who is not an account holder in this application? <input type="checkbox"/> No <input type="checkbox"/> Yes ⇨ If yes, please complete the section below.					
Name of Other Party					Date of Birth (dd-mm-yyyy)
Address of the Other Party					
City		Province		Postal Code	Country
Occupation or type of business of the Other Party				Relationship to the Other Party	
Business Incorporation Number (if applicable)				Place of Incorporation (if applicable)	

TEXT ALERT REGISTRATION																										
Details of personal account types / number & mobile numbers to be linked for texts alerts: (only Chequing and Savings Accounts)																										
Existing Account Number		Mobile Number † (including area code)			Cell Owner																					
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										<table border="1"> <tr> <td>0</td><td>0</td><td>1</td> <td>(</td><td></td><td>)</td> <td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td> </tr> </table>			0	0	1	()			-					_____
0	0	1	()			-																		
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										<table border="1"> <tr> <td>0</td><td>0</td><td>1</td> <td>(</td><td></td><td>)</td> <td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td> </tr> </table>			0	0	1	()			-					_____
0	0	1	()			-																		
<table border="1"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>										<table border="1"> <tr> <td>0</td><td>0</td><td>1</td> <td>(</td><td></td><td>)</td> <td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td> </tr> </table>			0	0	1	()			-					_____
0	0	1	()			-																		

† The mobile number must belong to one of the carriers outlined in the Text Alert Terms & Conditions, Item 1 on Page 6.

AUTHORIZATION *

I hereby confirm that the information provided is true and correct. I agree that ICICI Bank Canada (the "Bank") will verify the information provided above and will clear my cheque(s) upon receipt. I have received, read and understood the following terms and conditions (a) Website Terms of Use, (b) Account Terms and Conditions, (c) GIC T&C, (d) Privacy Policy, (e) Access to Basic Banking, (f) Filing a Complaint, (g) Disclosure Statement, (h) Coercive Tied Selling, (i) Interest Rate Chart, and (j) Text Alert T & C. I hereby consent to the Bank collecting, using and disclosing my personal information for the purposes identified in the Bank's Privacy Policy, which I have received, read and understood. We understand that ICICI Bank Canada reserves the right to carry out any other additional checks for verification purpose on me.

I/We understand that by not providing the mobile number, I/we will not be able to access Internet and Mobile Banking services of ICICI Bank Canada.

I authorize ICICI Bank Canada to update my profile/records with the information provided on this form.

Activation of Dormant/Inactive Account: I hereby authorize to activate any dormant account if any (Inactive for 24 months) when opening a subsequent account.

X _____ Primary Applicant Signature	X _____ Initials	_____ Date (dd-mm-yyyy)
X _____ First Joint Applicant Signature	X _____ Initials	_____ Date (dd-mm-yyyy)
X _____ Second Joint Applicant Signature	X _____ Initials	_____ Date (dd-mm-yyyy)

JOINT ACCOUNT APPLICATION REQUIREMENTS

If you wish to add a joint account, you need to complete this Joint Account Authorization Form and provide two (2) pieces of identification (ID), ensuring that at least one piece is from the Primary Identification (Schedule A). The details of Primary Identification (Schedule A) and Secondary Identification (Schedule B) are mentioned in the Access to Basic Banking brochure.

CONSENT FOR ELECTRONIC COMMUNICATIONS *

ICICI Bank Canada is required to obtain your consent to send you electronic communications about our product offers and promotions. Please confirm that the Bank may send you these electronic messages. You can withdraw your consent at any time.

Yes, I wish to receive electronic messages from ICICI Bank Canada regarding its promotional offers and services at the e-mail address indicated in this application or form previously provided to the Bank.

No, thanks.

Yes No

Yes No

Yes No

X _____
Primary Applicant Signature

X _____
First Joint Applicant Signature

X _____
Second Joint Applicant Signature

SIN REFUSAL * (ONLY APPLICABLE FOR CHEQUING ACCOUNT) ⇒ Customer must sign below if SIN is not provided

I acknowledge that ICICI Bank Canada has made reasonable efforts to obtain my SIN but I am unable to provide it or I refuse to provide it.

I acknowledge that under the Income Tax Act, individuals who reside or are employed in Canada who do not meet the SIN requests of their information slip preparers (e.g. ICICI Bank Canada) may be charged a penalty of one-hundred dollars (\$100.00) for each failure.

I agree to indemnify ICICI Bank Canada from any claim, action, liability, loss, damage, cost, expense, or suit and fully release ICICI Bank Canada from any responsibility or liability arising from or in any way related to the inability of ICICI Bank Canada to obtain my SIN. This includes but is not limited to any fines levied against ICICI Bank Canada under all applicable laws requiring ICICI Bank Canada to verify the identity of those with whom they do business with.

I have read, understood, and agree with the information contained in this form.

X _____ Primary Applicant Signature	X _____ Initials	_____ Date (dd-mm-yyyy)
X _____ First Joint Applicant Signature	X _____ Initials	_____ Date (dd-mm-yyyy)
X _____ Second Joint Applicant Signature	X _____ Initials	_____ Date (dd-mm-yyyy)

ICICI Bank Canada Contact Points

By E-mail ⇒ customercare.ca@icicibank.com	By Phone ⇒ From Canada and Continental U.S., toll-free: 1-888-424-2422
Bank's Website ⇒ www.icicibank.ca	By Mail ⇒ ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7

FOR OFFICE USE

(One Government issued photo ID must be provided)

Primary Customer IDs Presented (ID Document Name, and Expiry Date):

1. _____
 ID Number: _____ Expiry Date (dd-mm-yyyy): _____
 Issuing Jurisdiction: _____ Date of ID Verification (dd-mm-yyyy): _____

2. _____
 ID Number: _____ Expiry Date (dd-mm-yyyy): _____
 Issuing Jurisdiction: _____ Date of ID Verification (dd-mm-yyyy): _____

First Joint Customer IDs Presented (ID Document Name, and Expiry Date):

1. _____
 ID Number: _____ Expiry Date (dd-mm-yyyy): _____
 Issuing Jurisdiction: _____ Date of ID Verification (dd-mm-yyyy): _____

2. _____
 ID Number: _____ Expiry Date (dd-mm-yyyy): _____
 Issuing Jurisdiction: _____ Date of ID Verification (dd-mm-yyyy): _____

Second Joint Customer IDs Presented (ID Document Name, and Expiry Date):

1. _____
 ID Number: _____ Expiry Date (dd-mm-yyyy): _____
 Issuing Jurisdiction: _____ Date of ID Verification (dd-mm-yyyy): _____

2. _____
 ID Number: _____ Expiry Date (dd-mm-yyyy): _____
 Issuing Jurisdiction: _____ Date of ID Verification (dd-mm-yyyy): _____

FATCA / CRS DETAILS

	PRIMARY APPLICANT	FIRST JOINT APPLICANT	SECOND JOINT APPLICANT
Country of Residence for Tax Purpose (1)			
Country of Residence for Tax Purpose (2)	Select from the drop-down menu. If not listed, choose the 1 st blank field and enter.	Select from the drop-down menu. If not listed, choose the 1 st blank field and enter.	Select from the drop-down menu. If not listed, choose the 1 st blank field and enter.
TYPE OF INDICIA			
U.S. Place of Birth	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
U.S. Nationality	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
NOTE: If answer to any of the above type of indicia questions is yes, then please provide curing document evidence and CLN (Certificate of Loss Nationality)			
Curing document			
Documentary Evidence †	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Tax Indicator of Customer	<input type="checkbox"/> FATCA <input type="checkbox"/> CRS (Others) <input type="checkbox"/> None	<input type="checkbox"/> FATCA <input type="checkbox"/> CRS (Others) <input type="checkbox"/> None	<input type="checkbox"/> FATCA <input type="checkbox"/> CRS (Others) <input type="checkbox"/> None

† Any government issued ID as per Schedule "A" of the Access to Basic Banking document with an exception of SIN card and IMM1442

⇒ Please fill out the Declaration of Tax Residence for Individuals form if FATCA / CRS applicable.

Additional Notes

Prepared by: *	_____	_____	X	_____	_____
	Maker Employee ID	Maker Employee Name		Maker Employee Signature	Date (dd-mm-yyyy)
Verified by: *	_____	_____	X	_____	_____
	Verifier Employee ID	Verifier Employee Name		Verifier Employee Signature	Date (dd-mm-yyyy)

PEP and HIO Definition

Politically Exposed Person (PEP) is defined as a person who holds or has held one of the following offices or positions in or on behalf of a foreign or Canadian government:

- head of state or head of government;
- governor general or lieutenant governor;
- member of the executive council of government or member of a legislature;
- deputy minister or equivalent rank;
- ambassador, or attaché or counsellor of an ambassador;
- military officer with a rank of general or above;
- president of a state-owned company or a state-owned bank;
- head of a government agency;
- judge of a supreme court, constitutional court or other court of last resort;
- leader or president of a political party represented in a legislature; and
- mayor

Head of an International Organization (HIO) is a person who is either the head of:

1. an international organization established by the governments of states; or
2. of an institution established by an international organization.

An international organization is an organization set up by the governments of more than one country. Once a person is no longer the head of an international organization or the head of an institution established by an international organization, that person is no longer a HIO.

Family members – certain family members (listed below) of a PEP or a HIO are also considered as PEPs and HIOs.

- their spouse or common-law partner;
- their child;
- their mother or father;
- the mother or father of their spouse or common-law partner; and
- a child of their mother or father (sibling).

Close associate – a close associate can be an individual who is closely connected to a PEP or HIO for personal or business reasons and which includes:

- business partners with, or who beneficially owns or controls a business with, a PEP or HIO;
- in a romantic relationship with a PEP or HIO, such as a boyfriend, girlfriend or mistress;
- involved in financial transactions with a PEP or a HIO;
- a prominent member of the same political party or union as a PEP or HIO;
- serving as a member of the same board as a PEP or HIO; or
- closely carrying out charitable works with a PEP or HIO.

If you or a family member or a close associate of yours holds any of the prescribed positions then please select:

- a) **“Foreign”** – if the position is ever held in a foreign government office.
- b) **“Domestic”** – if the position is held in a Canadian (federal, provincial, territorial) government office in last 5 years.
- c) **“HIO”** – if the position of head of international organization is held currently.

Else please select **“Not Applicable”**

INSTRUCTIONS:

1. **Locate the Primary Business Function below and place the cursor at the beginning of the Primary Business Function**
2. **Highlight and copy the Primary Business Function**
3. **Click on the button “Return to Application” on the right side of this page**
4. **Once back in the Application, place the cursor on the Primary Business Function field and paste it**

LIST OF PRIMARY BUSINESS FUNCTIONS FOR EACH INDUSTRY

Auto Dealer

Boat Dealer
Car/Truck Dealer
Rental Companies

Brokerage

Brokerage (Regulated)
Insurance Brokerage
Mortgage Brokerage
Real Estate Brokerage

Casino

Casino
Casino, Online

Charity, Registered

Charity, Registered

Charity, Unregistered

Charity, Unregistered

Civil Aviation

Airline

Consulting Firm

Consulting Firm
Engineering Consulting
Financial Intermediary Structures
Immigration Consulting
Import/Export Consulting
IT Consulting
Management Consultancy
Manpower Provider

Education

College
School
University

Financial Institutions (Regulated)

Bank
Cooperative Credit Association
Cooperative Retail Association
Credit Union
Insurance Company

Financial Services

Cheque Casher
Currency Exchange Houses
Loan Arranging Business
Merchants of stored valued cards
Money Remittance Business
Money Service Business (MSB)
Small Loans Provider
Trusts
White label ATMs

Government Services

City Counselor
City Employee
Community and Social Service Worker
Fire Fighter
Member of Parliament
Police Officer

Health Care

Clinics
Hospitals
Laboratories, Diagnostic centers

Holding and Trust Companies

Accounting Firm holding accounts for clients
Holding Company
Intermediary structures
Investment Company
Law Firm holding accounts for clients
Trust Company

Hospitality and Tourism

Hotels
Travel Agency

Information Technology

Software Company
IT Enabled Services

Legal, Accounting, Tax

Accounting Company
Tax Company

Not-for-Profit Organizations

Not-for-profit Organization

Off-Shore Company

Off-shore Companies

Other

Accountant
Auto Sales person
Cab Driver
Homemaker
Immigration Consultant
IT Consultant
Real Estate Agent
Retired
Salesperson working on commission
Tax Consultant
Taxi Driver
Truck Driver
Unemployed

Personal Services

Beauty salons
Landscaping
Private Health Care Provider

Precious Metals and Stones

Jewellery Dealer
Precious Metals Dealer

Retail Store

Convenience Store
Electronics, Retail
Food and entertainment
Grocery Store
High-end or Luxury products business
Lotto Shops
Pawnbrokers
Restaurant
Retail / Wholesale shops
Retail shops/outlets

Small/Medium Enterprise

Accounting Firm
Antiques Dealer
Art Dealer Auction House
Construction
Courier Service
Delivery Service
Family Owned Holding Company
Import/Export
Investment company
(Personal/family)
Oil and Gas (stations and providers)
Pharmaceutical
Real Estate Agencies
Renovations
Transportation Company
Travel Agency
Trust Company (Personal/family)