

IMPORTANT INFORMATION

Canadian financial institutions are required under Part XVIII and Part XIX of the Income Tax Act to collect the information you provide on this form to determine if they have to report your financial account to the Canada Revenue Agency (CRA).

If you need help with your tax residency information for this form, see Income Tax Folio, S5-F1-C1, Determining an Individual's Residence Status, which you can find on the CRA website".

PRIMARY APPLICANT**DECLARATION OF TAX RESIDENCY ⇒ Check (✓) all of the options that apply to you**
 I am a tax resident of Canada.

If you checked this box, give your social insurance number:

Social insurance number (SIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 I am a tax resident or a citizen of the United States.

If you checked this box, give your taxpayer identification number (TIN) from the United States:

TIN from the United States

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you do not have a TIN from the United States, have you applied for one? Yes No

 I am a tax resident of a jurisdiction other than Canada or the United States.

- If you checked this box, give your jurisdictions of tax residence and taxpayer identification numbers (TIN).
- If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:
 - Reason 1: I will apply or have applied for a TIN but have not yet received it.
 - Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.
 - Reason 3: Other reason.

Country / Jurisdiction of tax residence	Taxpayer identification number	If no TIN available, enter Reason 1, 2 or 3

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason 2 above.

1.	
2.	
3.	

CERTIFICATION

I certify that the information given on this form is correct and complete. I will give my financial institution a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

Primary Applicant Name

X

Primary Applicant Signature

Date (dd-mm-yyyy)

FIRST JOINT APPLICANT**DECLARATION OF TAX RESIDENCY ⇒ Check (✓) all of the options that apply to you**
 I am a tax resident of Canada.

If you checked this box, give your social insurance number:

Social insurance number (SIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 I am a tax resident or a citizen of the United States.

If you checked this box, give your taxpayer identification number (TIN) from the United States:

TIN from the United States

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you do not have a TIN from the United States, have you applied for one? Yes No

 I am a tax resident of a jurisdiction other than Canada or the United States.

- If you checked this box, give your jurisdictions of tax residence and taxpayer identification numbers (TIN).
- If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:
 - Reason 1: I will apply or have applied for a TIN but have not yet received it.
 - Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.
 - Reason 3: Other reason.

Country / Jurisdiction of tax residence	Taxpayer identification number	If no TIN available, enter Reason 1, 2 or 3

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason 2 above.

1.	
2.	
3.	

CERTIFICATION

I certify that the information given on this form is correct and complete. I will give my financial institution a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

First Joint Applicant Name

X

First Joint Applicant Signature

Date (dd-mm-yyyy)

SECOND JOINT APPLICANT**DECLARATION OF TAX RESIDENCY ⇒ Check (✓) all of the options that apply to you** I am a tax resident of Canada.

If you checked this box, give your social insurance number:

Social insurance number (SIN)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 I am a tax resident or a citizen of the United States.

If you checked this box, give your taxpayer identification number (TIN) from the United States.

TIN from the United States

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

If you do not have a TIN from the United States, have you applied for one? Yes No I am a tax resident of a jurisdiction other than Canada or the United States.

• If you checked this box, give your jurisdictions of tax residence and taxpayer identification numbers (TIN).

• If you do not have a TIN for a specific jurisdiction, give the reason using one of these choices:

- Reason 1: I will apply or have applied for a TIN but have not yet received it.
- Reason 2: My jurisdiction of tax residence does not issue TINs to its residents.
- Reason 3: Other reason.

Country / Jurisdiction of tax residence	Taxpayer identification number	If no TIN available, enter Reason 1, 2 or 3

Please explain in the following boxes why you are unable to obtain a TIN if you selected Reason 2 above.

1.	
2.	
3.	

CERTIFICATION

I certify that the information given on this form is correct and complete. I will give my financial institution a new form within 30 days of any change in circumstances that causes the information on this form to become incomplete or inaccurate.

Second Joint Applicant Name**X**_____
Second Joint Applicant Signature_____
Date (dd-mm-yyyy)

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)

Date: _____
(dd-mm-yyyy)

PARTICULARS	GIC / TERM DEPOSIT ACCOUNT	GIC / TERM DEPOSIT ACCOUNT
Primary CIF:	_____	_____
1 Joint CIF:	_____	_____
2 nd Joint CIF:	_____	_____

DETAILS OF THE PRIMARY ACCOUNT HOLDER		
First Name:	_____	_____
Middle Name:	_____	_____
Last Name:	_____	_____
Address:		
Street No.:	_____	_____
Street Name:	_____	_____
Apt/Unit #:	_____	_____
City:	_____	_____
Province:	_____	_____
Postal Code:	_____	_____

DETAILS OF THE REQUEST		
Account Type:	_____	_____
Principal Amount:	_____	_____
Tenor:	_____	_____
Interest Rate:	_____	_____
Initial Funding:	_____	_____
Cheque Account #:	_____ _____	_____ _____

We acknowledge having received your request for an account with the Bank. Please note that the above details form part of the acknowledgement of your request. If it is a GIC or Term Deposit request, a certificate with all prescribed details will be mailed to you within 7-10 business days of processing the deposit request.

Please find enclosed our current Disclosure Statement for information on applicable service charges and information regarding the GIC and Term Deposit. These products are also subject to the Bank's Terms and Conditions. You may access the Disclosure Statement and Terms and Conditions at www.icicibank.ca. For any clarifications with respect to the above deposit, please contact our call centre at 1-888-424-2422.

**Thank you for banking with us.
We appreciate your business. We look forward to seeing you again.**

All ICICI Bank Canada products and services are subject to terms and conditions, which are available at www.icicibank.ca or at any branch.

TERMS & CONDITIONS

Early Redemption

- Redeemable GICs (Canadian Dollar): Early redemption is available only on GICs with terms of 1 year and above. Interest is paid only if early redemption is made at least 6 months after opening the GIC**. No interest is paid for early redemption on GIC if the redemption is made within 6 months of opening the GIC.
- Non-Redeemable GICs (Canadian Dollar): Early redemption is not available.
- Redeemable Term Deposits (US Dollar): Early redemption is available only on Term Deposits with terms of 1 year and above. Interest is paid only if early redemption is made at least 6 months after opening the deposit**. No interest is paid for early redemption on Term Deposits with tenure of 1 year and above if the redemption is made within 6 months of opening the GIC. *I G'8c`Uf`HYfa`8 Ydcg]tg`UfYbch7 8-7`jbgj fYX"*

Interest Calculation

- All GICs and Term Deposits: Interest is compounded annually and payable at the Maturity Date.
- The annual rate of interest is fixed over the tenure of the GIC and Term Deposit.

CDIC

The GICs are eligible for deposit insurance from the Canada Deposit Insurance Corporation ("CDIC"), subject always to maximum coverage limitations as outlined in CDIC's brochure "Protecting Your Deposits" and provided the deposits are in Canadian funds, are payable in Canada, and have a term of no more than 5 years.

For further information, please contact CDIC at 1-800-461-CDIC (2342) or visit their website at <http://www.cdic.ca/Protecting Your Deposits.html>

Auto Invest / Renewals

If Auto Invest / Renewal has been chosen:

- The renewed GIC or Term Deposit may be issued to you upon the maturity of the present GIC/Term Deposit without a further agreement being entered into;
- The renewed GIC/Term Deposit will have a fixed interest rate. This rate will be the most recent rate for the applicable deposit published on the Bank's website at www.icicibank.ca at the time of renewal;
- The renewed GIC/Term Deposit will have the same Maturity Period as the initial GIC/Term Deposit; and
- If the GIC/Term Deposit has been auto renewed and you wish to cancel the deposit, you may do so within a period of 10 business days from the date of renewal. No charges will be applicable for cancellation within this period.

Note: If Auto Invest / Renewal check box under Maturity Instructions is left blank, the GIC will not be automatically renewed at Account Maturity Date.

** Please refer to our current Disclosure Statement available at the branches or visit our website at www.icicibank.ca or call the customer contact centre at 1-888-424-2422 for information on interest rate for early redemption, applicable charges and information regarding the GIC and Term Deposit. Please note that the GIC/Term Deposit is also subject to Terms and Conditions and Guaranteed Investment Certificates and Term Deposits Terms and Conditions, which are subject to change from time to time and which you may access at www.icicibank.ca or a branch. The Disclosure Statement and Terms and Conditions, as may be amended from time to time, together with this GIC Certificate, constitute an express agreement between you and the Bank with respect to the GIC/Term Deposit.