



TFSA Accounts Application Form

(Account opening form for Savings and GIC)

FOR OFFICE USE	Initial Funds Deposited		Account Number: _____				
	Account Number: _____		Applicant CIF No.: _____				
	Date (dd-mm-yyyy): _____		Value Date (dd-mm-yyyy): _____ (Only for GIC Account)				
	<input type="checkbox"/> Cash: _____ <input type="checkbox"/> Cheque: _____	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">In Savings (\$)</td> <td style="width: 50%; text-align: center;">In GIC (\$)</td> </tr> <tr> <td style="height: 20px;"> </td> <td style="height: 20px;"> </td> </tr> </table>	In Savings (\$)	In GIC (\$)			Lead Generator Emp. ID: _____
In Savings (\$)	In GIC (\$)						
Notes (if any): _____							

*** Mandatory † Required for Internet & Mobile Banking**

APPLICANT INFORMATION *							
Title *	First Name *	Middle Name	Last Name *	CIF Number (if existing customer)			
Mother's Maiden Name * (For your protection, we require this information for future verification)				Social Insurance Number *	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 †	† Either Home or Cell Number is mandatory		Email Address *			
Mailing Address (if different from home address)		City	Province	Postal Code	Country		
Are you a PEP or HIO *? ⇨ Click here for the definition of PEP and HIO _____							
How did you hear about us? <input type="checkbox"/> Print ad <input type="checkbox"/> Radio ad <input type="checkbox"/> TV ad <input type="checkbox"/> News/Story <input type="checkbox"/> Outdoor ad <input type="checkbox"/> Telephone Call <input type="checkbox"/> Internet <input type="checkbox"/> Mail <input type="checkbox"/> Sponsorship / Event <input type="checkbox"/> Word of mouth <input type="checkbox"/> Others (specify): _____							

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

SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN *					
Savings Account	<input type="checkbox"/> TFSA Savings	Intended Use: *			
Additional Options	<input type="checkbox"/> Monthly Physical Statement <input type="checkbox"/> TEXT Alert Registration Note: You will receive your statements by e-mail free of charge. A monthly charge will apply for physical statements.				
GIC Account	<input type="checkbox"/> TFSA GIC	Principal Amount \$ _____	Maturity Period ____ Year(s)	Interest Rate ____ % per annum	Intended Use: *
	On maturity, the maturity value will be auto-renewed for the same term as per the original GIC at the prevailing interest rate at time of maturity. Please visit our website at icicibank.ca or call our Customer Contact Centre at 1-888-424-2422 for current applicable interest rates and charges.				

SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN * (cont'd)	
Payment Method	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Number _____ <input type="checkbox"/> Debit existing ICICI Bank Canada Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type of Contribution	<input type="checkbox"/> New Contribution <input type="checkbox"/> Transfer In (copy of TFSA Transfer Application Form attached)

INVESTMENT DETAILS *	
Maturity Instructions	TFSA GIC
	<input type="checkbox"/> Auto Invest <input type="checkbox"/> Reinvest Principal plus Interest for _____ year(s) <input type="checkbox"/> Credit Principal plus Interest to TFSA Account No. _____

OTHER PARTY INFORMATION * (This section must be completed)				
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 (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)			
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">New Account Type</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">TFSA Savings</div>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Mobile Number † (including area code)</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">0 0 1 () () () - () () () ()</div>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Cell Owner</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Applicant</div>	
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Existing Account Number</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">() () () () () () () () () ()</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">() () () () () () () () () ()</div>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Mobile Number † (including area code)</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">0 0 1 () () () - () () () ()</div> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">0 0 1 () () () - () () () ()</div>	<div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">Cell Owner</div>	
† The mobile number must belong to one of the carriers outlined in the Text Alert page on the Bank's website.			

SUCCESSOR HOLDER and BENEFICIARY INFORMATION
Please note that the designation of a Successor Holder or Beneficiary in respect of the Account is subject to the laws of the applicable jurisdiction (Province or Territory). If the laws of the applicable jurisdiction do not permit such a designation, it may be made only in your will. If the laws of the applicable jurisdiction permit such a designation in the Account, the following applies:

SUCCESSOR HOLDER INFORMATION (Not Mandatory)								
I elect that my surviving spouse or common-law partner become the Successor Holder in the event of my death before termination of the Account, and confirm that my spouse or common law partner has the unconditional right to revoke any Beneficiary designation made by me.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Spouse / Common Law Partner's First Name*</td> <td style="width: 20%;">Middle Name</td> <td style="width: 20%;">Last Name*</td> <td style="width: 40%; text-align: right;">Social Insurance Number*</td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">CIF No. (applicable if successor holder is an existing customer):</td> <td colspan="3" style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>	Spouse / Common Law Partner's First Name*	Middle Name	Last Name*	Social Insurance Number*	CIF No. (applicable if successor holder is an existing customer):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Spouse / Common Law Partner's First Name*	Middle Name	Last Name*	Social Insurance Number*					
CIF No. (applicable if successor holder is an existing customer):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							

BENEFICIARY INFORMATION (Not Mandatory)								
I designate the person below as Beneficiary to receive, in the event of my death and in the absence of a Successor Holder, any property under the Account.								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">Beneficiary's First Name*</td> <td style="width: 20%;">Middle Name</td> <td style="width: 20%;">Last Name*</td> <td style="width: 40%; text-align: right;">Relationship to Applicant*</td> </tr> <tr> <td style="height: 40px; vertical-align: bottom;">CIF No. (applicable if beneficiary is an existing customer):</td> <td colspan="3" style="text-align: center;"><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></td> </tr> </table>	Beneficiary's First Name*	Middle Name	Last Name*	Relationship to Applicant*	CIF No. (applicable if beneficiary is an existing customer):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Beneficiary's First Name*	Middle Name	Last Name*	Relationship to Applicant*					
CIF No. (applicable if beneficiary is an existing customer):	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							

AUTHORIZATION

I hereby confirm that the information provided is true and correct. I agree that ICICI Bank Canada (the "Bank") may 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) TFSA Account Terms and Conditions, (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 Terms and Conditions. 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. I understand that ICICI Bank Canada reserves the right to carry out any other additional checks for verification purpose on me.

Activation of Dormant / Inactive Account:

I hereby authorize to activate any dormant account(Inactive for 24 months) when opening a subsequent account.

† I understand that by not providing the mobile number, I 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.

X

Applicant's Signature

X

Initials

Date (dd-mm-yyyy)

ACCOUNT APPLICATION REQUIREMENT (not mandatory for existing ICICI Bank Canada customers)

1. Complete, print and sign this TFSA Accounts Application Form.
2. Write a cheque payable to yourself. The cheque must be pre-printed (with your full name on it), and drawn on a Canadian financial institution for the amount of your initial deposit. If opening a joint account, you have the option to send a cheque drawn on your joint account, made payable to both names, with both signatures appearing on the cheque; or, you can each send a personal cheque.
3. Mail the completed application form and the cheque(s) to:

**ICICI Bank Canada,
P.O. Box 396,
Don Mills, ON M3C 2S7**



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.

APPLICANT

- 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 form previously provided to the Bank.
- No, thanks.

Signature: X _____

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
By Mail	⇒	ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7
Bank's Website	⇒	www.icicibank.ca

FOR OFFICE USE

(One Government issued photo ID must be provided)

Applicant 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): _____

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)

APPLICANT

CIF No.:

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First Name: _____

Middle Name: _____

Last Name: _____

Address: _____

Street No.: _____

Street Name: _____

Apt/Unit #: _____

City: _____

Province: _____

Postal Code: _____

Subject: **Acknowledgement of GIC/Term Deposit Request**

DETAILS OF REQUEST			
Type of Account Selected	Principal Amount	Maturity Period	Interest Rate
<input type="checkbox"/> TFSA GIC	\$ _____	_____ year(s)	_____ % per annum

Initial Funds: Cash Cheque No. _____

Debit existing ICICI Bank Account No.

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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. **US Dollar Term Deposits are not CDIC insured.**

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.

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)