

<b>FOR OFFICE USE</b>	<b>Initial Funds Deposited</b>	Account Number: <input type="text"/>
	Account Number: _____	<b>CIF Number</b>
	Date (dd-mm-yyyy): _____	Primary Account: <input type="text"/>
	<input type="checkbox"/> Cheque _____ <input type="checkbox"/> CAD <input type="checkbox"/> USD	First Joint Account: <input type="text"/>
		Second Joint Account: <input type="text"/>

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

Section 1		PRIMARY CUSTOMER INFORMATION *				
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 * ⇄ <i>SIN mandatory for Savings and 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 *	____ year(s) ____ month(s)	
				Country	CANADA	
Home Phone Number		Cell Phone Number †		Email Address *		
		001		⇄ <i>At least one phone number is mandatory</i>		
Mailing Address (if different from home address)			City	Province	Postal Code Country	
Country of Birth *			Nationality *			
Are you a PEP or HIO? * _____ ⇄ <i>Click here for the definition of PEP and HIO</i>						
How did you hear about us? _____						

Section 2		PRIMARY CUSTOMER EMPLOYMENT INFORMATION			
Nature of Profession *	Industry *	Title *			
Primary Business Function * ⇄ <i>Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.</i>					
Company Name			Business Phone Number	Length of Time Employed	
				____ year(s) ____ month(s)	
Company Address		City	Province	Postal Code	

Section 3		FIRST JOINT APPLICANT INFORMATION *				
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 * ⇄ <i>SIN mandatory for Savings and 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 *	____ year(s) ____ month(s)	
				Country	CANADA	
Home Phone Number		Cell Phone Number †		Email Address *		
		001		⇄ <i>At least one phone number is mandatory</i>		
Mailing Address (if different from home address)			City	Province	Postal Code Country	
Country of Birth *			Nationality *			
Are you a PEP or HIO? * _____ ⇄ <i>Click here for the definition of PEP and HIO</i>						

<b>Section 4</b> <b>FIRST JOINT APPLICANT EMPLOYMENT INFORMATION (if applicable)</b>			
Nature of Profession *	Industry *	Title *	
Primary Business Function * ⇨ <a href="#">Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.</a>			
Company Name		Business Phone Number	Length of Time Employed ____ year(s) ____ month(s)
Company Address	City	Province	Postal Code

<b>Section 5</b> <b>SECOND JOINT APPLICANT INFORMATION *</b>															
Title *		First Name *		Middle Name		Last Name *									
						CIF Number (if existing customer) <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr><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 * ⇨ <b>SIN mandatory for Savings and GIC Accounts</b>		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		⇨ <b>At least one phone number is mandatory</b>		Email Address *									
Mailing Address (if different from home address)				City	Province	Postal Code	Country								
Country of Birth *				Nationality *											
Are you a PEP or HIO? * _____ ⇨ <a href="#">Click here for the definition of PEP and HIO</a>															

<b>Section 6</b> <b>SECOND JOINT APPLICANT EMPLOYMENT INFORMATION (if applicable)</b>			
Nature of Profession *	Industry *	Title *	
Primary Business Function * ⇨ <a href="#">Click here to select, copy and paste the Primary Business Function in the field below; if not in the list, please enter below.</a>			
Company Name		Business Phone Number	Length of Time Employed ____ year(s) ____ month(s)
Company Address	City	Province	Postal Code

<b>Section 7</b> <b>SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN *</b>	
<b>Account Type</b>	<input type="checkbox"/> Canadian Dollar HiSAVE Savings Account ⇨ Intended Use: * _____ <input type="checkbox"/> US Dollar HiSAVE Savings Account ⇨ Intended Use: * _____
<b>Additional Options</b>	<input type="checkbox"/> Monthly Physical Statement <input type="checkbox"/> TEXT Alert Registration <b>Note:</b> You will receive your statements by e-mail free of charge. A monthly charge will apply for physical statements.

<b>Section 8</b> <b>OTHER PARTY INFORMATION * (This section must be completed)</b>				
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)		

**Section 9**

**TEXT ALERT REGISTRATION**

Details of personal account types / number & mobile numbers to be linked for texts alerts: (only Chequing and Savings Accounts)

**New Account Type**

**Mobile Number † (including area code)**

**Cell Owner**

HiSAVE Savings Account

0 0 1 ( ) -

† The mobile number must belong to one of the carriers outlined in the Text Alert Terms & Conditions.

**Section 10**

**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** \_\_\_\_\_ **X** \_\_\_\_\_ **Date (dd-mm-yyyy)**

**Primary Applicant Signature** **Initials**

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **Date (dd-mm-yyyy)**

**First Joint Applicant Signature** **Initials**

**X** \_\_\_\_\_ **X** \_\_\_\_\_ **Date (dd-mm-yyyy)**

**Second Joint Applicant Signature** **Initials**

**Section 11**

**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**

**ICICI Bank Canada Contact Points**

<b>By E-mail</b> ⇨ <a href="mailto:customercare.ca@icicibank.com">customercare.ca@icicibank.com</a>	<b>By Phone</b> ⇨ From Canada and Continental U.S., toll-free: 1-888-424-2422
<b>Bank's Website</b> ⇨ <a href="http://www.icicibank.ca">www.icicibank.ca</a>	<b>By Mail</b> ⇨ ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7

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

- Complete, print and sign this HiSAVE Savings Account Application Form.
- Write a cheque payable to yourself for a minimum amount of 50 Dollars. 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.  
  
For US Dollar Chequing Account, please send a personal, pre-printed (with your full name on it) US Dollar cheque drawn on a Canadian financial institution, made payable to yourself.
- Mail the completed application form and the cheque(s) to:

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



**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 <sup>st</sup> blank field and enter.	Select from the drop-down menu. If not listed, choose the 1 <sup>st</sup> blank field and enter.	Select from the drop-down menu. If not listed, choose the 1 <sup>st</sup> blank field and enter.
<b>TYPE OF INDICIA</b>			
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
<b>NOTE:</b> 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**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

PEP and HIO Definition

Politically Exposed Person (PEP) ...

- List of PEP criteria in Sinhala and English.

Head of an International Organization (HIO) ...

- List of HIO criteria in Sinhala and English.

Family members ...

- List of family member criteria in Sinhala and English.

Close associate ...

- List of close associate criteria in Sinhala and English.

Not Applicable ...

Foreign, Domestic, HIO definitions in Sinhala.

INSTRUCTIONS:

- 4-step instruction list for PEP/HIO identification.

LIST OF PRIMARY BUSINESS FUNCTIONS FOR EACH INDUSTRY

Table with 4 columns: Industry, Financial Institutions (Regulated), Hospitality and Tourism, Precious Metals and Stones, Brokerage, Financial Services A, Information Technology, Retail Store, Casino, Financial Services B, Legal, Accounting, Tax, Not-for-Profit Organizations, Charity, Registered, Off-Shore Company, Charity, Unregistered, Government Services, Civil Aviation, Consulting Firm, Health Care, Education, Holding and Trust Companies, Personal Services.