

**HiSAVE SAVINGS ACCOUNT**

Account No: \_\_\_\_\_

CIF No: \_\_\_\_\_  
(For Office Use)

\* Mandatory Field

<b>APPLICANT INFORMATION</b>			
Mr. Ms Mrs. Miss Dr. First Name*	Middle Name	Last Name*	Date of Birth* (DD-MM-YYYY)
Mother's Maiden Name* (For your protection, we require this information for future verification)			Revenue Canada requires ICICI Bank Canada to include your Social Insurance Number on tax receipts.
Home Address*			Social Insurance Number*:
City*	Province*	Postal Code*	Length of Time at Current Address _____ year(s) _____ month(s)
E-mail Address*		Country of Residence CANADA	
Home Phone*: ( )		Cell Phone: ( )	
Mailing Address (if different from home address)			
City	Province	Postal Code	Country CANADA
Are you an existing customer of ICICI Bank Canada?* Yes No			
If yes, please provide your existing Account No: _____ or your Customer Identification No: _____			
How did you hear about us? Print ad Radio ad TV ad News/Story Outdoor ad Telephone Call Internet Mail Sponsorship/Event Word of mouth Referral Others: _____ (please indicate)			
<b>EMPLOYMENT INFORMATION</b>			
Occupation*	Title	Company Name	
Business Phone: ( )		Length of Time Employed: _____ year(s) _____ month(s)	
<b>INTENDED USE*</b>			
Salary Deposit	Bill Payments	Joint Savings with spouse or common-law partner	
Other Deposits	Money Transfers	Others: _____	
<b>JOINT APPLICANT INFORMATION (if applicable)</b>			
Mr. Ms Mrs. Miss Dr. First Name*	Middle Name	Last Name*	Date of Birth* (DD-MM-YYYY)
Mother's Maiden Name* (For your protection, we require this information for future verification)			Revenue Canada requires ICICI Bank Canada to include your Social Insurance Number on tax receipts.
Home Address*			Social Insurance Number*:
City*	Province*	Postal Code*	Length of Time at Current Address _____ year(s) _____ month(s)
E-mail Address*		Country of Residence CANADA	
Home Phone*: ( )		Cell Phone: ( )	
Mailing Address (if different from home address)			
City	Province	Postal Code	Country CANADA
<b>EMPLOYMENT INFORMATION</b>			
Occupation*	Title	Company Name	
Business Phone: ( )		Length of Time Employed: _____ year(s) _____ month(s)	

## SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN

You may choose more than one option: Canadian Dollar HiSAVE Savings Account  
US Dollar HiSAVE Savings Account

Do you wish to receive monthly physical statements? Yes NO

Note: You will receive your statements by e-mail free of charge. A monthly charge will apply for physical statements.

Please visit our website at [icicibank.ca](http://icicibank.ca) or call our Customer Contact Centre at 1-888-424-2422 for current applicable interest rates and charges.

## OTHER PARTY INFORMATION (This section must be completed)

Will this account be used by on behalf of any other party who is not an account holder in this application? NO YES

If yes, please complete the section below.

Name of the other Party\*

Address of the other Party\*

City*	Province*	Postal Code*	Country* CANADA
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Occupation or type of business of the other Party*	Relationship to the other Party*
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Business Incorporation Number (if applicable)	Place of Incorporation (if applicable)
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## AUTHORIZATION

I/We hereby confirm that the information provided is true and correct. I/We agree that ICICI Bank Canada (the "Bank") will verify the information provided above and will clear my/our cheque(s) upon receipt. I/We have read and understood the following terms and conditions (a) Website Terms of Use, (b) Account Terms and Conditions (including Disclosure Statement), and (c) Privacy Policy. I/We hereby consent to the Bank collecting, using and disclosing my personal information for the purposes identified in the Bank's Privacy Policy, which I/We have received, read and understood. I/We understand that ICICI Bank Canada reserves the right to carry out any other additional checks for verification purpose on me/us. In Joint Accounts, we understand that ICICI Bank Canada will honour a cheque or withdrawal from the Joint Account that has been signed or authorized, as applicable, by anyone of us.

X

Applicant Signature

Date

X

Joint Applicant Signature

Date

## ACCOUNT APPLICATION REQUIREMENT

1. Complete, print and sign this HiSAVE Savings Account 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.

For the US Dollar HiSAVE Savings 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.



3. Mail the completed application form and the cheque(s) to: ICICI Bank Canada, P O Box 396, Don Mills, ON M3C 2S7