

<b>FOR OFFICE USE</b>	Hello Canada Account Number: <input style="width:100%;" type="text"/>	Primary Account: <input style="width:100%;" type="text"/>	<b>CIF Number</b>	<b>ABM Card Number</b>
	Account Opening Date (dd-mm-yyyy): <input style="width:100%;" type="text"/>	Joint Account: <input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Notes (if any):   			

**\* Mandatory Fields and/or Sections**

SECTION 1		PRIMARY CUSTOMER INFORMATION *			
Title *	First Name *	Middle Name	Last Name *	CIF Number (if existing customer) <input style="width:100%;" type="text"/>	
<p>◇ Verify and enter Address / Contact information below only if they have changed for existing customer. To be filled for new customer.</p>					
Mother's Maiden Name * (For your protection, information required for future verification)			Social Insurance Number * ◇		Date of Birth * ◇ (dd-mm-yyyy)
			<a href="#">⇄ Sign "SIN Refusal" if SIN not provided</a>		
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		<a href="#">⇄ Either of Home or Cell number is mandatory</a>	
Mailing Address (if different from home address)		City	Province	Postal Code	Country
Country of Birth *			Nationality *		
Are you a PEP or HIO *? <input style="width:100%;" type="text"/> <a href="#">⇄ Click here for the definition of PEP and HIO</a>					

SECTION 2		PRIMARY CUSTOMER EMPLOYMENT INFORMATION *			
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	

SECTION 3		JOINT CUSTOMER INFORMATION *			
Title *	First Name *	Middle Name	Last Name *	CIF Number (if existing customer) <input style="width:100%;" type="text"/>	
<p>◇ Verify and enter Address / Contact information below only if they have changed for existing customer. To be filled for new customer.</p>					
Mother's Maiden Name * (For your protection, information required for future verification)			Social Insurance Number * ◇		Date of Birth * ◇ (dd-mm-yyyy)
			<a href="#">⇄ Sign "SIN Refusal" if SIN not provided</a>		
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		<a href="#">⇄ Either of Home or Cell number is mandatory</a>	
Mailing Address (if different from home address)		City	Province	Postal Code	Country
Country of Birth *			Nationality *		
Are you a PEP or HIO *? <input style="width:100%;" type="text"/> <a href="#">⇄ Click here for the definition of PEP and HIO</a>					

SECTION 4		JOINT 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 5		SELECT THE TYPE OF ACCOUNT YOU WISH TO ACTIVATE *	
Chequing Account	<input type="checkbox"/> CAD HIVALUE Chequing <input type="checkbox"/> CAD HIVALUE PLUS Chequing <input type="checkbox"/> CAD Basic Chequing		
	Intended Use: * _____		
Additional Options	<input type="checkbox"/> Cheque Book requested <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 except for Basic Chequing Account.		

SECTION 6		TEXT ALERT REGISTRATION	
Details of personal account types / number & mobile numbers to be linked for texts alerts:			
Existing Hello Canada Account Number		Mobile Number † (including area code)	
<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"/> <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"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Cell Owner	
		_____	
† Required for Internet and Mobile Banking			

SECTION 7		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 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)	

*(Continues on next page...)*

<b>Primary CIF Number:</b> <input type="text"/>	<b>Full Name</b>
<b>Joint CIF Number:</b> <input type="text"/>	<b>Full Name</b>

**SECTION 8 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 Holder Signature** **Initials**

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

**Joint Holder Signature** **Initials**

**SECTION 9 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

**X** \_\_\_\_\_

**Primary Holder Signature**

**X** \_\_\_\_\_

**Joint Holder Signature**

**SECTION 10 SIN REFUSAL \* ⇒ 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** \_\_\_\_\_ **X** \_\_\_\_\_ **Date** (dd-mm-yyyy)

**Primary Holder Signature** **Initials**

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

**Joint Holder Signature** **Initials**

**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

**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 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)

**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 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.

Joint Applicant Name

X

Joint Applicant Signature

Date (dd-mm-yyyy)

**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): \_\_\_\_\_

**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	JOINT APPLICANT
Country of Residence for Tax Purpose (1)		
Country of Residence for Tax Purpose (2)		
<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
U.S. Nationality	<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
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

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

**Additional Notes**

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