



# RSP Accounts Application Form

(Account opening form for Savings and GIC)

<b>FOR OFFICE USE</b>	<b>Initial Funds Deposited</b>		Account Number: _____
	Account Number: _____		Annuitant CIF No.: _____
	Date (dd-mm-yyyy): _____		RSP Contributor CIF No.: _____
	In Savings (\$)	In GIC (\$)	Value Date (dd-mm-yyyy): _____ (Only for GIC Account)
			Lead Generator Emp. ID: _____
			Lead Converter Emp. ID: _____
Notes (if any): _____			

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

ANNUITANT INFORMATION *															
Title *	First Name *	Middle Name	Last Name *	CIF Number (if existing customer)											
				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
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 * <small>Please fill the address where you presently live. This address cannot be a postal installation i.e. PO Box, RR, Site, Comp or GD/General Delivery address.</small>				Apt / Unit #									
	City *		Province *		Postal Code *	Country CANADA									
Home Phone Number †		Cell Phone Number †		† <b>Either Home or Cell Number is mandatory</b>		Email Address *									
		001													
Communication Address (if different from home address)			City	Province	Postal Code	Country									
Are you a PEP or HIO? * ⇨ <a href="#">Click here for the definition of PEP and HIO</a> _____															
<b>How did you hear about us?</b> <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): _____															

ANNUITANT 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 (All fields are mandatory if nature of profession is either "Salaried" or "Self-employed")			Business Phone Number
Company Address		City	Province
			Postal Code

CONTRIBUTOR INFORMATION * (applicable only for Spousal RSP Plans)															
Title *	First Name *	Middle Name	Last Name *	CIF Number (if existing customer)											
				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>											
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 * <small>Please fill the address where you presently live. This address cannot be a postal installation i.e. PO Box, RR, Site, Comp or GD/General Delivery address.</small>				Apt / Unit #									
	City *		Province *		Postal Code *	Country CANADA									
Home Phone Number †		Cell Phone Number †		† <b>Either Home or Cell Number is mandatory</b>		Email Address *									
		001													
Communication Address (if different from home address)			City	Province	Postal Code	Country									
Are you a PEP or HIO? * ⇨ <a href="#">Click here for the definition of PEP and HIO</a> _____															

**CONTRIBUTOR EMPLOYMENT INFORMATION (applicable only for Spousal RSP Plans)**

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 (All fields are mandatory if nature of profession is either "Salaried" or "Self-employed")		Business Phone Number
Company Address	City	Province
		Postal Code

**SELECT THE TYPE OF ACCOUNT YOU WISH TO OPEN \***

<b>RSP Plan</b>	<input type="checkbox"/> Individual RSP Plan <input type="checkbox"/> Spousal RSP Plan (spouse or common-law partner)			
<b>Savings Account</b>	<input type="checkbox"/> RSP Savings	Intended Use *		
<b>Additional Options</b>	<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.			
<b>GIC Account</b>	<input type="checkbox"/> RSP 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.				

**PAYMENT METHOD AND TYPE OF CONTRIBUTION \***

<b>Payment Method</b>	<input type="checkbox"/> Cash <input type="checkbox"/> Cheque Number _____ <input type="checkbox"/> Debit existing ICICI Bank Canada Account Number:			
<b>Type of Contribution</b>	<input type="checkbox"/> New Contribution <input type="checkbox"/> Transfer In (copy of RSP Transfer Application Form attached)			

**INVESTMENT DETAILS \***

<b>Maturity Instructions</b>	<b>RSP GIC</b>			
	<input type="checkbox"/> Auto Invest			
	<input type="checkbox"/> Reinvest Principal plus Interest for _____ year(s)			
	<input type="checkbox"/> Credit Principal plus Interest to RSP 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?  No     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)	

**TEXT ALERT REGISTRATION**

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

<b>New Account Type</b>	<b>Mobile Number † (including area code)</b>	<b>Cell Owner</b>
RSP Savings	0 0 1 ( ) -	
<b>Existing Account Number</b>	<b>Mobile Number † (including area code)</b>	<b>Cell Owner</b>
	0 0 1 ( ) -	
	0 0 1 ( ) -	

† The mobile number must belong to one of the carriers outlined in the Text Alert page on Bank's website.





# 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.

## ANNUITANT

- 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** \_\_\_\_\_

## CONTRIBUTOR (in case of Spousal RSP Plan)

- 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

<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>By Mail</b>	⇒	ICICI Bank Canada, P.O. Box 396, Don Mills, ON M3C 2S7
<b>Bank's Website</b>	⇒	<a href="http://www.icicibank.ca">www.icicibank.ca</a>

## FOR OFFICE USE (One Government issued photo ID must be provided)

Annuitant 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): \_\_\_\_\_

Contributor IDs Presented (ID Document Name, and Expiry Date): \* (non-mandatory for joint applicants who are existing customers of the Bank)

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

<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)

Date: \_\_\_\_\_  
(dd-mm-yyyy)

**ANNUITANT**

**CONTRIBUTOR (for Spousal RSP Plan)**

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"/> RSP 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](http://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](http://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](http://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.

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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](http://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](http://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)