FOR BANK USE ONLY

Sr. No.:	
Cust ID No.:	
Date:	D D M M Y Y Y Y

ICICI Bank

"Regulated by the Dubai Financial Services Authority"

Central Park Building, Office Tower 27-31,
Level 27, DIFC, PO Box 506529, Dubai,
United Arab Emirates
www.icicibank.ae

Relationship & Account Opening Form
CORPORATE/ ESTABLISHMENT

M/S: ______________________________________

____

ICICI Bank

"Regulated by the Dubai Financial Services Authority"

DIFC

Relationship and Account Opening Form (RAOF)
(Corporate/ Establishment)

Instructions

1. Please complete this form in English language, BLOCK CAPITALS, Black ink and tick (✓) wherever applicable.
2. Any overwriting or alteration should be countersigned (full signature only).
3. All fields are mandatory, incomplete forms may not be processed or may lead to delays/rejection.

Relationship and Account Details

Relationship type:

☐ Customer ID and Account (please select account type) ☐ Customer ID only

Account type:

☐ Call Account ☐ Current Account ☐ Overdraft ☐ Escrow

Currency in which account to be opened:

☐ USD ☐ EUR ☐ GBP ☐ Others ______________________

Purpose:

☐ Working Capital/ Term Loan ☐ Liability/ Deposits ☐ Remittances/ Bulk Salary Remittances

☐ Trade transactions with credit facility ☐ Trade transactions without credit facility ☐ Investment and Custodial Services

☐ Others ____

Company/ Establishment Details

Constitution of Company/ Establishment:

☐ Sole Proprietorship ☐ Partnership/ Limited Liability Partnership ☐ Private Limited/ Limited Liability Company

☐ Free zone ☐ Single person ☐ Government/ Ministry ☐ Public Limited

☐ Others (please specify) ____

Registered name of the Company/ Establishment (including other trading name, if any)

....

....

Any previous company name since inception? ☐ Yes ☐ No. If Yes, please specify the name below

....

Trade license/ Corporate registration No.: ....

Date of incorporation/ Registration renewal date: D D M M Y Y Y Y

VAT No., (if any): .... Country of incoporation: ....

Regulatory body: ....

Head office location: ....

Name and address of group (if applicable): ....

....

Permanent account number (PAN) declaration:

Whether Permanent account number (PAN) issued by Indian taxation authorities in the name of the entity or in the name of any branch or any other office located in India

☐ Yes (please provide PAN) .... ☐ No

Ver-ICBKCORPAE-RAOF-20-2.0, w.e.f. Nov 1, 2024

Registered address (please provide proof):

....

....

City: .... State: ....

Pin code: .... Country: ....

Phone number: +.................. - .... Fax number: +.................. - ....

Business address (please provide proof):

....

....

City: .... State: ....

Pin code: .... Country: ....

Phone number: +.................. - .... Fax number: +.................. - ....

Correspondence and Statements to be sent to (select any one):

☐ Registered address ☐ Business address

Nature of Business:

☐ Agriculture/ fishing/ mining ☐ Building & construction ☐ Manufacturing ☐ Professional Services

☐ Financial institution (FI) ☐ Non-Bank FI ☐ Sovereign wealth fund ☐ Multilateral Development Bank

☐ Nominee /Fiduciary Service ☐ Pure Investment Vehicle ☐ Gems, diamond & jewellery ☐ Real Estate Agent / Broker

☐ Government / Public body ☐ Fund/ Investment Vehicle ☐ Supranational entity/ Sovereign

☐ Cash Intensive Business (Restaurant / Convenience Stores) ☐ Others (please specify) ____

Products and services offered: ....

Business experience (in years): .... **Country where major business is carried out:** ....

Net Assets (in USD mn.): .... **Net Worth (in USD mn.):** ....

Source of funds:

☐ Business operations ☐ Funds from owners ☐ Investment proceeds ☐ Funds from investors

☐ Others (please specify) ____

Estimated annual revenue (USD):

☐ <250,000 ☐ 250,001 - 1,000,000 ☐ 1,000,0001 - 5,000,000 ☐ 5,000,001 - 25,000,000

☐ >25,000,001 (please specify) ____

Anticipated annual relationship size (USD):

☐ <75,000 ☐ 75,001 - 200,000 ☐ 200,001 - 500,000 ☐ 500,001 - 1,000,000

☐ 1,000,001 - 5,000,000 ☐ 5,000,001 - 10,000,000 ☐ >10,000,001 (please specify)________________________________

Anticipated number of transactions per annum:

☐ <5 ☐ 5 - 10 ☐ 10 - 20 ☐ 20 - 50

☐ >51 (please specify) ________________________________

Any existing relationship with ICICI Bank group?

☐ Yes (please provide details) ☐ No

Customer ID: .... Type of relationship: .... Country: ....

List of existing accounts:

1. Account no.: .... Bank Name & location: ....
2. Account no.: .... Bank Name & location: ....
3. Account no.: .... Bank Name & location: ....

Name of external auditors (if any):

....

Is company listed?

☐ Yes ☐ No

Name of the stock exchange: ....

Issued number of shares: .... Issued share capital (USD): ....,..................................

Contact details of an individual for business/ transaction communication:

Contact personal details 1 (Primary contact):

Name: ....

Designation: .... Mobile number: +...................... - ....

Email: ....

Contact personal details 2:

Name: ....

Designation: .... Mobile number: +...................... - ....

Email: ....

Contact personal details 3:

Name: ....

Designation: .... Mobile number: +...................... - ....

Email: ....

Contact personal details 4:

Name: ....

Designation: .... Mobile number: +...................... - ....

Email: ....

Politically exposed person (PEP) declaration:

Is any individual under the account (or any person or company related to him/ her) a "politically exposed person"?

☐ Yes* ☐ No

*If yes, please provide details

LIST OF DIRECTORS/ AUTHORISED SIGNATORY/ SHAREHOLDER/ ULTIMATE BENEFICIAL OWNERS (UBO)/ SENIOR MANAGEMENT

As of the date of completing this RAOF, the Company/ Establishment hereby certifies that the following persons are directors/beneficial owners or ultimate beneficial owners/authorised signatories of the Company/ Establishment and undertakes to inform ICICI Bank should there be any change thereto in the future:

1. **Directors of a company:** Please provide details of all the directors of the Company/ Establishment (please insert sheet if additional space is required)
2. **Beneficial Owners or Ultimate Beneficial Owners:** Please provide details of persons who either alone or with their associates directly or indirectly control or exercise the voting rights of the Company/ Establishment as per definitions given below (please insert sheet if additional space is required).

   Beneficial owners means a natural person who ultimately owns or controls the customer or a natural person on whose behalf a transaction is conducted or a business relationship is established
   In case no natural person is identified as beneficial shareholder based on above, please provide details of the relevant natural person who holds the position of senior management official.
3. **Authorized Signatories:** Please provide details of all authorised signatories of the Company/ Establishment described above. All authorised signatories should provide specimen signatures where indicated
4. **Senior Management:** Senior Manager/Management refers to individuals occupying the position of CEO or head of function.

Individual/ Corporate 1:

☐ Director ☐ Authorised signatory ☐ Shareholder/ UBO (share holding % ____________)

☐ Senior Management (please specify the designation); Designation: ....

Name: ....

Date of birth/ incorporation: D D M M Y Y Y Y Place of birth/ incorporation: ....

Type of ID document: .... Nationality: ....

Document number: .... Expiry date: D D M M Y Y Y Y

Country of issuance: ..../.......... Mobile number: +.......... - ....

Email: ....

Address: ....

Individual/ Corporate 2:

☐ Director ☐ Authorised signatory ☐ Shareholder/ UBO (share holding % ____________)

☐ Senior Management (please specify the designation); Designation: ....

Name: ....

Date of birth/ incorporation: D D M M Y Y Y Y Place of birth/ incorporation: ....

Type of ID document: .... Nationality: ....

Document number: .... Expiry date: D D M M Y Y Y Y

Country of issuance: ..../.......... Mobile number: +.......... - ....

Email: ....

Address: ....

Individual/ Corporate 3:

☐ Director ☐ Authorised signatory ☐ Shareholder/ UBO (share holding % ____________)

☐ Senior Management (please specify the designation); Designation: ....

Name: ....

Date of birth/ incorporation: D D M M Y Y Y Y Place of birth/ incorporation: ....

Type of ID document: .... Nationality: ....

Document number: .... Expiry date: D D M M Y Y Y Y

Continued on next page..

Country of issuance: .... Mobile number: +................ - ....

Email: ....

Address: ....

Individual/ Corporate 4:

☐ Director ☐ Authorised signatory ☐ Shareholder/ UBO (share holding % ______________)

☐ Senior Management (please specify the designation); Designation: ....

Name: ....

Date of birth/ incorporation: D D M M Y Y Y Y Place of birth/ incorporation: ....

Type of ID document: .... Nationality: ....

Document number: .... Expiry date: D D M M Y Y Y Y

Country of issuance: ..../............... Mobile number: +....................... - ....

Email: ....

Address: ....

Individual/ Corporate 5:

☐ Director ☐ Authorised signatory ☐ Shareholder/ UBO (share holding % ______________)

☐ Senior Management (please specify the designation); Designation: ....

Name: ....

Date of birth/ incorporation: D D M M Y Y Y Y Place of birth/ incorporation: ....

Type of ID document: .... Nationality: ....

Document number: .... Expiry date: D D M M Y Y Y Y

Country of issuance: ..../............... Mobile number: +....................... - ....

Email: ....

Address: ....

Individual/ Corporate 6:

☐ Director ☐ Authorised signatory ☐ Shareholder/ UBO (share holding % ______________)

☐ Senior Management (please specify the designation); Designation: ....

Name: ....

Date of birth/ incorporation: D D M M Y Y Y Y Place of birth/ incorporation: ....

Type of ID document: .... Nationality: ....

Document number: .... Expiry date: D D M M Y Y Y Y

Country of issuance: ..../............... Mobile number: +....................... - ....

Email: ....

Address: ....

Please note: In case of more than 6 individuals/ corporates, please use additional page

Signature card of authorised signatories

Note: This signature card must be signed by the authorized signatories and forms part of Company/ Establishment Relationship and Account Opening Form

Full name: **Signature:**	**Full name:** **Signature:**
Full name: **Signature:**	**Full name:** **Signature:**
Full name: **Signature:**	**Full name:** **Signature:**
Full name: **Signature:**	**Full name:** **Signature:**

Note: The signature card is subject to ICICI Bank Limited, DIFC Branch's General Terms and Conditions Governing Accounts and Facilities and forms part of the company/ establishment relationship and account opening form.

Please attach additional signature card copies for more than 8 authorized signatories.

Signing instructions

☐ Anyone to sign ☐ Jointly ☐ As per resolution/ authorisation dated ______________________

Special instructions (if any): ....

....

....

Indemnity relating to instructions given by Fax, e-mail, telephone and other forms of electronic communication:

To,
ICICI Bank Limited,
Central Park Building,
Office Tower 27-31, Level 27,
Dubai International Financial Centre,
P.O. Box 506529, Dubai, U.A.E

Notwithstanding anything to the contrary contained in any other document/agreement, the undersigned (as duly authorised signatory(ies)), hereby request, agree, consent and authorise ICICI Bank Limited (the "Bank" or "you" or "your", as applicable as per table above), to act and rely on any instructions or communications for any purpose (including but not limited to the instructions/communications pertaining to the operation of all our accounts or to any other services/ facilities that may be provided by you to me/ us from time to time) whether they be or purport to be given by e-mail, telephone, facsimile, untested telexes and faxes, telegraph, cable or any other form of electronic communication by us (including such instructions/ communications as may be or purported to be given by those authorised to operate our account(s) with the Bank) ("Instructions").
We understand and acknowledge that there are risks involved in sending the Instructions to you through e-mail, telephone, facsimile, untested telexes, telegraph, cable or any other form of electronic communication and hereby agree that all risks shall be fully borne by us and we assume full responsibility for the same, and you will not be liable for any losses or damages or costs or expenses arising upon your acting, or your failure to act, wholly or in part in accordance with such instructions. We undertake to confirm our telephonic instructions by e-mail/fax immediately after having given such instructions and in any event within 24 hours, failing which the Bank shall be entitled (but not obliged) to reverse or not to act on our telephonic instructions.
In consideration of you agreeing, subject to the terms and conditions hereunder, to act upon the above Instructions, we hereby irrevocably agree and undertake:

a. That you shall be entitled to act or refuse to act as you see fit, without incurring any liability whatsoever to us or to any other person, upon any Instructions for any purpose which may from time to time be or be purported to be given by e-mail, telephone, facsimile, untested telexes, telegraph, cable or any other form of electronic communication by us (including such Instructions as may be or be purported to be given by those authorised to operate our account(s) with the Bank), even if such Instructions or communications are not followed up by written confirmation to you;

b. That you are not required to verify the identity of the person giving Instructions or make any independent investigation of the authority given to such person, or to verify the genuineness of any signature(s) which in your opinion appears to be that of any person authorised by me/ us to operate our account(s) with you;

c. Not to make any claim against you by reason of or on account of you having so acted or you having acted wrongly or mistakenly or of your failure to act wholly or in part in accordance with the Instructions;

d. That you shall be entitled (but not obliged) to keep records of our Instructions given or made by e-mail, telephone, facsimile, untested telexes faxes, telegraph, cable or any other form of electronic communication in such form, physical or electronic, as you may deem fit, and your records shall be conclusive and binding on us. You shall be entitled to dispose of or destroy any such records at any time as determined by you in accordance with your standard procedures and policies;

e. That you shall be entitled to require any Instruction in any form to be authenticated by use of any password, identification code or test as may be specified by you from time to time and we shall ensure the secrecy and security of such password, code or test and we shall be solely responsible for any improper use of the same;

f. That, notwithstanding the above, you may, under circumstances determined by you in your discretion, require from us confirmation of any Instructions in such form as you may specify before acting on the same; and

g. We shall indemnify you and keep you indemnified from and against all claims, either by us or any other, actions, demands, liabilities, costs, charges, damages, losses, expenses and consequences of whatever nature (including legal fees on a full indemnity basis) which may be brought or preferred against you or that you may suffer, incur or sustain by reason of or on account of your having so acted whether wrongly or mistakenly or not, or of you failing to act wholly or in part in accordance with the Instructions and terms of this letter.

h. That this letter shall be governed and construed in accordance with the laws of DIFC and we hereby irrevocably submit to the non-exclusive jurisdiction of the courts of the DIFC in case of any dispute hereunder.

________________________________	________________________________
Signature of authorised signatory	**Signature of authorised signatory**
Name:	Name: ....
....	....

Please affix Stamp / Seal of Company / Establishment Seal

Date: D D M M Y Y Y Y

Place: ______________________

Corporate Internet Banking (CIB) Application Form for DIFC Branch

Please note - All fields in this form are mandatory. Mention customer id only if you are an existing customer, otherwise customer id will be generated by the Bank.

Customer ID: ☐☐☐☐☐☐☐☐☐

Company name: ....

Corporate ID: ....

Type of CIB access:

View access: ☐ Yes ☐ No

Trade online: ☐ Yes ☐ No

Appointment of Customer Users (For particulars of more than 5 users, please provide details as per Annexure -1)

User 1

Name: ....

Designation: .... Mobile number: +........................ - ....

Email: ....

Type of ID document: .... Document No.: ....

Residential address: ....

Communication address: ....

Type of Access ☐ View ☐ Transaction

For transaction Access enable the following ☐ Trade Online

Customer User ID: ☐☐☐☐☐☐☐☐☐☐☐☐ Signature User 1: ....

User 2

Name: ....

Designation: .... Mobile number: +........................ - ....

Email: ....

Type of ID document: .... Document No.: ....

Residential address: ....

Communication address: ....

Type of Access ☐ View ☐ Transaction

For transaction Access enable the following ☐ Trade Online

Customer User ID: ☐☐☐☐☐☐☐☐☐☐☐☐ Signature User 1: ....

THIS SPACE HAS BEEN LEFT BLANK INTENTIONALLY

User 3

Name: ....

Designation: .... Mobile number: +......................... - ....

Email: ....

Type of ID document: .... Document No.: ....

Residential address: ....

Communication address: ....

Type of Access ☐ View ☐ Transaction

For transaction Access enable the following ☐ Trade Online

Customer User ID: | | | | | | | | | | | | | Signature User 1: ....

User 4:

Name: ....

Designation: .... Mobile number: +......................... - ....

Email: ....

Type of ID document: .... Document No.: ....

Residential address: ....

Communication address: ....

Type of Access ☐ View ☐ Transaction

For transaction Access enable the following ☐ Trade Online

Customer User ID: | | | | | | | | | | | | | Signature User 1: ....

User 5:

Name: ....

Designation: .... Mobile number: +......................... - ....

Email: ....

Type of ID document: .... Document No.: ....

Residential address: ....

Communication address: ....

Type of Access ☐ View ☐ Transaction

For transaction Access enable the following ☐ Trade Online

Customer User ID: | | | | | | | | | | | | | Signature User 1: ....

THIS SPACE HAS BEEN LEFT BLANK INTENTIONALLY

FATCA/ CRS Entity Self-Certification Form
(not for use by individual account holder)

Instructions for completion

Information provided on this form will be used by ICICI Bank Limited, (DIFC Branch) (the "bank") to comply with the Foreign Account Tax Compliance Act (FATCA) provisions and the regulations and guidance that operationalize the agreement between the government of the United States of America, and the United Arab Emirates to improve international compliance and to implement FATCA. FATCA and the US-UAE IGA may require the bank to report certain information about your account to the Dubai International Financial Centre - Registrar of Companies and other relevant authorities.

"Regulations based on the OECD Common Reporting Standard ("CRS")" require "Financial Institutions" to collect and report certain information about an account holder's tax residency. If the account holder's tax residence is located outside United Arab Emirates, we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the competent authority in United Arab Emirates and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements to exchange financial account information.

You can find summaries of defined terms such as an account holder, and other terms, in a separate downloadable glossary on our website www.icicibank.ae.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder's tax status or other mandatory field information, that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

This form is intended to request information consistent with local law requirements.

As a financial institution, we are not allowed to give tax advice.

Your tax adviser may be able to assist you in answering specific questions on this form. Your domestic tax authority can provide guidance regarding how to determine your tax status.

You can also find out more, including a list of jurisdictions that have signed agreements to automatically exchange information, along with details about the information being requested, on the OECD automatic exchange of information portal. (http://www.oecd.org/tax/transparency/automaticexchangeofinformation.htm)

Part 1. Identification of account holder

Entity/ Organisation name: ....

Country of incorporation: ....

Registered address (do not use a P.O. box or an 'in care of address'):

....

....

City: .... State: ....

Pin code: .... Country: ....

Mailing address:

....

....

City: .... State: ....

Pin code: .... Country: ....

Part 2. Determination of U.S. person

☐ The Account Holder is a U.S. person pursuant to FATCA regulations with the following US TIN: ______________________

Please provide a completed IRS W-9 form. In case you are a Non-specified U.S. Person please also provide the applicable exemption from the FATCA reporting code A-M in line 4 of the W-9 form.

☐ The Account Holder is not a U.S. person pursuant to FATCA regulations.

Part 3. Tax Residence of Account Holder

Important: An Account Holder is always a tax resident in at least one country, with the possibility of being a tax resident in multiple countries. Please contact us in case the Account Holder has over three countries of tax residence as this information is to be supplied.

Please complete the following table indicating (i) where the Account Holder is Tax Resident and (ii) the Account Holder's Tax Identification Number ('TIN') for each jurisdiction indicated.

If a TIN is unavailable please provide the appropriate reason A, B or C where applicable.

Reason A: The country in which the Account Holder is tax resident does not issue TINs to its residents
Reason B: The Account Holder is otherwise unable to obtain a TIN or equivalent number
Reason C: No TIN is required (Note: only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the TIN issued by such jurisdiction)

Country of tax residence	TIN	Reason no TIN provided	Please explain why if you selected reason B
1.		☐ A ☐ B ☐ C	
2.		☐ A ☐ B ☐ C	
3.		☐ A ☐ B ☐ C	

More guidance on TINs can for example be found on the OECD Automatic Exchange of Information Portal:
http://www.oecd.org/tax/automatic-exchange/crs-implementation-and-assistance/tax-identification-numbers/.

Part 4. Identification of account holder

Financial Institutions (FIs): Please provide FATCA and CRS status in box 4a on the left side. U.S. Persons only have to provide a CRS status in section 4a2.

Non-Financial Entities (NFEs): Please complete box 4b on the right side. Please ensure to provide both a status for FATCA and CRS. U.S. Persons only have to provide a CRS status in section 4b2.

Part 4a Financial Institutions

4a1 FATCA

Please select the applicable FATCA status and provide the GIIN
- ☐ Reporting Model 1 IGA FFI
- ☐ Participating FFI or Reporting Model 2 IGA FFI
- ☐ Sponsored FFI
- ☐ Sponsored Closely Held Investment Vehicle
- ☐ Trustee Documented Trust

GIIN:

____

Sponsor's / Trustee's Name (if applicable):

____

Reason if no GIIN can be provided
- ☐ FFI which has applied/intends to apply for GIIN, but has not yet received a GIIN
- ☐ Exempt Beneficial Owner
- ☐ Certified Deemed Compliant FFI (e.g. an IGA I Nonreporting FFI, a registered charity, investment advisors and investment managers)
- ☐ Non-participating FFI
- ☐ Other, please state: ______________________________

4a2 CRS

- ☐ Depository or Custodial Institution, or Specified Insurance Company (including Non-reporting FI)
- ☐ Investment Entity located in a non-participating jurisdiction and managed by another FI2

Please also complete Part 5: Controlling Persons
- ☐ Other Investment Entity

Part 4b Non-Financial Entities

4b1 FATCA	4b2 CRS
☐	☐ Active NFFE/NFE - Publicly traded NF(F)E or affiliate of a publicly traded entity. Please state the name of the established securities market: ________________________________ Name of publicly traded entity: ________________________________
☐	☐ Active NFFE/NFE - Governmental entity or wholly owned by one or more Governmental entities
☐	☐ Active NFFE/NFE - International Organisation[1] (Intergovernmental or supranational organisation)
☐	☐ Active NFFE/NFE - Central Bank or entity wholly owned by one or more Central Banks
☐	☐ Active NFFE/NFE - Other
☐	Direct Reporting NFFE Entity GIIN ______________________________ Name of Sponsoring Entity ____ Sponsoring Entity GIIN ____

Part 4a Financial Institutions	Part 4b Non-Financial Entities	
4a1 FATCA	4b1 FATCA	4b2 CRS
THIS SPACE HAS BEEN LEFT BLANK INTENTIONALLY	☐	☐ Passive NFFE/NFE[2]
		☐ With Controlling Person(s)[2] ☐ Without Controlling Person(s)[2]

1. An international organization is (amongst others) comprised primarily of governmentsnamely World Bank, World Health Organisation, International Monetary Fund, etc.
2. Please also complete Part 5: Controlling Persons

Part 5. Information on Controlling Persons

Please provide the required information on your entity's Controlling Person(s)[3]. ICICI Bank may be legally bound to report to the local tax authorities data of Controlling Persons. The local tax authorities will report this information to the tax authorities of the participating countries where the Controlling Person(s) is/are tax resident.

Please note that this information only needs to be provided if the entity is (i) an investment entity located in a non-participating jurisdiction and managed by another FI or (ii) a Passive NFE for CRS purposes or (iii) having any US controlling person (submit form W8-BENE where there is US indicia)

Controlling Person 1

Name: ....

Date of birth: D D M M Y Y Y Y Place of birth: .... Nationality: ....

Current residential address: ....

City: .... State: ....

Pin code: .... Country: ....

Country of tax residence	TIN/ Functional Equivalent (FE)	Reason no TIN[4]:	Please explain if you selected: 'B':
Country of tax residence 1	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':
Country of tax residence 2	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':

Controlling person type							US Person
	Legal person	☐ Control by ownership	☐ Control by other means	☐ Senior managing official			
	Legal arrangement - Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others	☐ Yes
	Legal arrangement - Others	☐ Settlor equivalent	☐ Trustee equivalent	☐ Protector equivalent	☐ Beneficiary equivalent	☐ Others	☐ No

Controlling Person 2

Name: ....

Date of birth: D D M M Y Y Y Y Place of birth: .... Nationality: ....

Current residential address: ....

City: .... State: ....

Pin code: .... Country: ....

Country of tax residence	TIN/ Functional Equivalent (FE)	Reason no TIN[4]:	Please explain if you selected: 'B':
Country of tax residence 1	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':
Country of tax residence 2	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':

Controlling person type							US Person
	Legal person	☐ Control by ownership	☐ Control by other means	☐ Senior managing official			
	Legal arrangement - Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others	☐ Yes
	Legal arrangement - Others	☐ Settlor equivalent	☐ Trustee equivalent	☐ Protector equivalent	☐ Beneficiary equivalent	☐ Others	☐ No

3. In case of over five Controlling Persons, or Controlling Persons with more than two Countries of Tax Residence, please contact us as this information is to be supplied.
4. If a TIN is unavailable, please provide the appropriate reason A, B or C in line with the definition under part 3.

Controlling Person 3

Name: ....

Date of birth: D D M M Y Y Y Y Place of birth: .... Nationality: ....

Current residential address: ....

City: .... State: ....

Pin code: .... Country: ....

Country of tax residence 1	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':
Country of tax residence 2	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':

Controlling person type	Legal person	☐ Control by ownership	☐ Control by other means	☐ Senior managing official			**US Person**
	Legal arrangement - Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others	☐ Yes
	Legal arrangement - Others	☐ Settlor equivalent	☐ Trustee equivalent	☐ Protector equivalent	☐ Beneficiary equivalent	☐ Others	☐ No

Controlling Person 4

Name: ....

Date of birth: D D M M Y Y Y Y Place of birth: .... Nationality: ....

Current residential address: ....

City: .... State: ....

Pin code: .... Country: ....

Country of tax residence 1	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':
Country of tax residence 2	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':

Controlling person type	Legal person	☐ Control by ownership	☐ Control by other means	☐ Senior managing official			**US Person**
	Legal arrangement - Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others	☐ Yes
	Legal arrangement - Others	☐ Settlor equivalent	☐ Trustee equivalent	☐ Protector equivalent	☐ Beneficiary equivalent	☐ Others	☐ No

Controlling Person 5

Name: ....

Date of birth: D D M M Y Y Y Y Place of birth: .... Nationality: ....

Current residential address: ....

City: .... State: ....

Pin code: .... Country: ....

Country of tax residence 1	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':
Country of tax residence 2	TIN/ Functional Equivalent (FE)	Reason no TIN[4]: ☐ A ☐ B ☐ C	Please explain if you selected: 'B':

Controlling person type	Legal person	☐ Control by ownership	☐ Control by other means	☐ Senior managing official			**US Person**
	Legal arrangement - Trust	☐ Settlor	☐ Trustee	☐ Protector	☐ Beneficiary	☐ Others	☐ Yes
	Legal arrangement - Others	☐ Settlor equivalent	☐ Trustee equivalent	☐ Protector equivalent	☐ Beneficiary equivalent	☐ Others	☐ No

4. If a TIN is unavailable, please provide the appropriate reason A, B or C in line with the definition under part 3.

Part 6. Declaration and Signature

6a As a representative authorised to sign on behalf of the entity:

I undertake to notify ICICI Bank of any change in circumstances that cause any information on this form to become incorrect and to provide a suitably updated form within **30 days of such change.**

I declare that, if applicable, I have obtained permission from the Controlling Persons mentioned in part 5 to disclose information related to them for the purpose of it being reported to the tax authorities.

I acknowledge that the information contained in this form and information regarding the Account Holder and/or Controlling Person(s) and any reportable account(s) may be reported to the tax authorities of the country/jurisdiction in which this account(s) is/are maintained and exchanged with tax authorities of another country/jurisdiction or countries/jurisdictions in which the Account Holder and/or Controlling Person(s) may be tax resident pursuant to intergovernmental/multilateral agreements to exchange financial account information.

I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

____
Signature of authorised signatory

Name: ....

....

Designation: ....

....

I certify that I have the capacity to sign this form for below entity

Entity name: ....

....

....

Date: | D | D | M | M | Y | Y | Y | Y |

____
Signature of authorised signatory

Name: ....

....

Designation: ....

....

I certify that I have the capacity to sign this form for below entity

Entity name: ....

....

....

Place: ....

____
Please affix stamp /seal of company /establishment seal

THIS SPACE HAS BEEN LEFT BLANK INTENTIONALLY

Client's Agreement and Declaration - ICICI Bank Limited, (DIFC Branch)

We understand/accept/confirm the below mentioned declarations, undertaking and authorizations ("Client Agreement")

1. We hereby confirm:
   - ☐ that we have received and read a copy of ICICI Bank Limited (DIFC Branch)'s ("Bank") General Terms and Conditions Governing Accounts and Facilities ("Terms"). We also agree to be bound by the aforesaid Terms, as may be amended from time to time, for our relationship with the Bank. The Terms are also available on www.icicibank.ae. The Bank reserves the right to alter, delete, modify or add to any or all of the Terms at any time, in its discretion, and such alterations, deletions or additions shall be deemed to be effective and binding on us.
   - ☐ We understand that the Bank only carries on financial activities with Professional Clients and that the entity which I represent will be treated as Professional Client and therefore will not be afforded the retail customer protections and compensation rights that may generally be available to the entity which we represent in other jurisdictions.
   - ☐ that we meet the definition of "Professional Client" pursuant to Rule 2.3.3 of the Conduct of Business Module of the DFSA Rulebook. We confirm that we do not wish to be treated as a Retail Client and understand that we will not be accorded any Retail Client protections as per the DFSA Rulebook.
   - ☐ The Bank has given us notice of its intention to classify the company/establishment/entity we represent as Market Counterparty and confirm that I / we agree to such classification and agree to be treated as Market Counterparty and have not requested to be classified otherwise.
   - ☐ that the Bank is authorized to accept instructions from the Authorized Signatory(ies) identified below.
   - ☐ that our company/establishment/entity we represent is active and has not been, or is not in the process of being dissolved, wound up or terminated or our creditors have entered into any arrangement.

2. We on behalf of the company/establishment/entity we represent hereby agree(s):
   a. that any false/misleading information given by us, or suppression of any material fact will render our account liable for termination and further action.
   b. to indemnify the Bank and its successors or assigns, if any representation or declaration made hereunder by us is incorrect, false or misleading in any of its particulars.
   c. that the Bank shall be entitled to disclose and/or procure information pertaining to company/entity/establishment as provided in the Terms.

Assessed Professional Client	
☐	An Undertaking[1], trust or foundation, which is set up solely for the purpose of facilitating the management of an investment portfolio of an individual that has been assessed by the Bank as a Professional Client pursuant to Rule 2.3.8 of the COB Module of the DFSA Rulebook.
☐	An Undertaking[1] that : – has own funds[2] or called up capital[3] of at least USD 1,000,000, and has provided the Bank with sufficient proof thereof AND has sufficient financial experience and understanding of relevant financial markets, products or transactions and any associated risks as detailed out in the Client Analysis below. OR
☐	An Undertaking[1] who has a controller[4], a Holding Company, a Subsidiary or a joint venture partner that: either: 1. has own funds[2] or called up capital[3] of at least USD 1,000,000, and has provided the Bank with sufficient proof thereof. OR 2. has at least USD 1,000,000 in net assets, and has provided the Bank with sufficient proof thereof. AND – has sufficient financial experience and understanding of relevant financial markets, products or transactions and any associated risks as detailed in the Client Analysis below. OR
☐	An Undertaking[1] who is a 'deemed' Professional Client (as listed below).
Service based Professional Client	
☐	An Undertaking[1] who is to be provided a Credit Facility from the Bank and the Credit Facility is provided for use in the business activities of; a) the Undertaking; b) a controller[4] of the Undertaking; c) any member of the Group to which the Undertaking belongs; or d) a joint venture of the Undertaking or of the person referred to in a) to c) above.
☐	A Person who is to be provided corporate structuring and financing[5] services from the Bank.

Deemed Professional Client	
☐	Collective Investment Fund / regulated pension fund (i.e. an arrangement which amounts to a fund under Article 15 of the Collective Investment Law 2006 and which is not excluded under the rules made under Article 16 of the Law or a regulated pension fund)
☐	Authorized Firm, a regulated financial institution or the management company of a regulated pension fund
☐	A properly constituted government, government agency, central bank or other national monetary authority of any country or jurisdiction
☐	Public authority or state investment authority
☐	Supranational organization whose members are either countries, central banks or national monetary authorities
☐	Authorized Market Institution, regulated exchange or regulated clearing house
☐	Body corporate whose shares are listed or admitted to trading on any regulated exchange of an IOSCO member country
	A Large Undertaking A Person is a 'Large Undertaking' if it met, as at the date of its most recent financial statements, at least two of the following requirements: (a) it has a balance sheet total[6] of at least $20 million; (b) it has a net annual turnover of at least $40 million; or (c) it has own funds[3] or called up capital[4] of at least $2 million
☐	An Institutional investor whose main activity is to invest in financial instruments, including an entity dedicated to the securitization of assets or other financial transactions
☐	A trustee of a trust which has, or had during the previous 12 months, assets of at least USD 10 million
☐	An Institutional investor whose main activity is to invest in financial instruments, including an entity dedicated to the securitization of assets or other financial transactions

[1] body corporate or body unincorporated, including a legal person, company, partnership, unincorporated association, government or state.
[2] 'own funds' means cash and investments as shown in the balance sheet
[3] 'called up capital' means all the amounts paid-up on allotted shares, less any amounts owing on allotted shares
[4] a 'controller' is an individual who :
a. owns a majority of the shares of the Undertaking;
b. is able to appoint or remove a majority of the board members of the Undertaking; or
c. controls a majority of the voting rights of the Undertaking (or that of a Holding Company of the Undertaking).
[5] 'corporate structuring and financing' includes:
(i) providing advice relating to an acquisition, disposal, structuring, restructuring, financing or refinancing of a corporation or other legal entity; or
(ii) arranging credit for a purpose referred to in (i);
'corporate structuring and financing' excludes any advice on financial products or arranging of credit or deals in investments given to an individual for the purposes of, or in connection with, the management of that individual's investments.
[6] a 'balance sheet total' means the aggregate of the amounts shown as assets in the balance sheet before deducting both current and long-term liabilities

General

1. The Bank is regulated by the DFSA as a Category 1 firm. The Bank operates from Central Park Building, Office Tower 27-31, Level 27, Dubai International Financial Centre, P.O. 506529, Dubai, UAE
2. The information we have provided to the Bank and/or ICICI Bank Limited, it's branches, representative offices or affiliated companies (together the "ICICI Group") in this form is correct, true and complete as on the date of filling this form and we have not withheld any information. we understand that the Bank will rely on this information (whether provided to the Bank or ICICI Group) when deciding if the company/establishment/entity we represent qualifies as a Professional Client.
3. We are responsible for keeping the Bank informed by a written notice of any change in the information on the company/establishment/entity that we have provided in this form. We shall also provide the Bank any information or documents it may request from company/entity/establishment in relation to the company/establishment/entity from time to time in this context. If the Bank determines that as a consequence of such a change the company/establishment/entity we represent no longer fulfil the conditions for being classified as a Professional Client, the Bank may take appropriate action, including but not limited to terminating the company/establishment/entity's relationship with the Bank.
4. The DFSA and/or any other regulatory/statutory body may require the Bank or ICICI Group to provide them with applicable information and records and we on behalf of the company/establishment/entity we represent consent to the transfer of our / company/establishment/entity account data to DFSA and/or any other regulatory/statutory bodies, subject to the confidentiality provisions applicable in the DIFC. We further consent to the transfer of our / the company/establishment/entity account data to other ICICI Bank Limited branches/subsidiaries/affiliates subject to the disclosure section in the Terms.
5. I/We acknowledge and expressly agree that all 'Personal Data' as defined in the DIFC Data Protection Law (Law No. 5 of 2020) (the "Data Protection Law") related to me/ us (in our capacity as authorized signatories / partners / directors / managers of the Company, as applicable,) of the transactions of the company/entity/establishment held by the Bank or any member of the ICICI group may be processed or disclosed to the DFSA, Reserve Bank of India (RBI) or any other regulatory authorities upon request, where such disclosure is required under the laws or regulations relating to the DFSA, DIFC or RBI or otherwise in accordance with the Data Protection Law and regulations or other applicable foreign laws or regulations. To the extent that the Bank is required to process Personal Data about other Data Subjects (as defined in the Data Protection Law) (for example, the company's/entity's/establishment's personnel or related parties) for providing the services, the company/entity/establishment warrants that to the extent required by applicable law or regulation, it has provided notice to and obtained explicit consent from such Data Subjects in relation to the Bank's processing of their Personal Data and agree to provide

copies of such consents to the Bank (and will provide such notice and obtain such explicit consent in advance of providing such information in future). I/We also expressly agree that the Bank may, to provide its services, process or disclose such Personal Data to other companies within the ICICI group or third party vendors / services providers / product providers outside the DIFC and located in jurisdictions / countries which might not offer a level of protection for those data as high as the level of protection in the DIFC.

6. We accept full responsibility for the correctness, validity and completeness of the information we provide to the Bank and/or the ICICI Group on behalf of the company/establishment/entity we represent.
7. The foregoing representations and declarations and the Terms are binding on our principal in every respect whom we have made aware as duly Authorised Signatory (ies) of our principal and we undertake to ensure that our principal is fully aware of the nature and content of these representations and declarations being made on its behalf.
8. The Bank is authorised to contact any source of information, person or entity, nominated in this form as a reference, to verify the information provided.
9. The Bank and/or the ICICI Group are authorised to make inquiries about the company/entity/establishment with any source so that they can assess and decide on our application.
10. Any such contacted references, financial institutions, banks, debt collection companies, credit bureau, or any other person or entity are authorized to provide the Bank and/or the ICICI Group any requested information about company/entity/establishment.
11. We acknowledge that the Bank has the full discretion to approve or decline our / the company/establishment/entity's application.
12. We agree and understand that the Bank reserves the right to terminate the relationship at any time and for any reason after at least 14 working days prior written notice to company/entity/establishment at the last known address as per the records of the Bank without assigning any reasons thereof and without any liability. However, the Bank reserves the right not to give any such notice where in the opinion of the Bank there exist certain exceptional circumstances which necessitate closure of account (e.g. where the account is used for criminal, terrorist or anti money laundering activities or where the account is required to be terminated to comply with the regulatory/statutory requirements etc
13. We declare that the authorised signatories and authorised personnel are acting on behalf of the Company / Establishment and any further acts and transactions by authorised signatories and authorised personnel related to this application and the relationship established as a consequence of this application shall also be on behalf of the Company / Establishment
14. We confirm that the Bank is not required to consider the suitability before or when giving any advice or recommendation to, or accepting instructions or orders from company/entity/establishment in respect of such investment and that the company/establishment/entity we represent undertakes, unless in relation to a specific request for advice or recommendation, neither is it responsible for any loss or damage suffered by me as a result of any advice or recommendation given or as a result of any order or instruction given in respect of any investment undertaken by company/entity/establishment. Our signing of this Client Agreement after being given this warning shall be evidence of our consent.

______________________ Signature of authorised signatory Full name:	______________________ Signature of authorised signatory Full name: ....
______________________ Signature of authorised signatory Full name:	______________________ Signature of authorised signatory Full name: ....
Date: D D M M Y Y Y Y Place: ______________________ Upon receipt of your fully-completed application form for the CIB Services and if the same is accepted, the Bank will mail the Password/Token to you, as applicable. If you have any queries, please check with the Bank's Customer Service Officer/RM.	______________________ Please affix stamp /seal of company /establishment seal

RM Declaration

I, ____, a [Relationship Manager] of ICICI Bank Limited, (DIFC Branch), hereby confirm that I have undertaken the following verification and analysis of the Company detailed below:

- I have informed the Applicant that the Bank only carries on its services for and with Professional Clients and that the Applicant once accepted as client(s) of the Bank will not be afforded the retail customer protections and compensation rights that may generally be available in other jurisdictions;
- Based on the Applicant's above declarations and the documents and/or information provided to me, I have verified that the Applicant falls under the following client type:

  - ☐ Professional (excluding Market Counterparty)
    - ☐ Undertaking
    - ☐ An Undertaking, trust or foundation, which is set up solely for the purpose of facilitating the management of an investment portfolio of an individual
    - ☐ Market Counterparty and the Client has been duly notified that they will be treated as Market Counterparty and / or agree to be treated as Market Counterparty
      - ☐ Collective Investment Fund / regulated pension fund
      - ☐ Authorized Firm,/ Regulated Financial Institution
      - ☐ Government, government agency, central bank
      - ☐ Public Authority or state investment body
      - ☐ Supra-national organization
      - ☐ Authorized market institution, regulated exchange or clearing house
      - ☐ Body Corporate (shares listed or admitted to trading on any regulated exchange of an IOSCO member country A Large Undertaking (as defined above)
      - ☐ A trustee of a trust (which has assets of at least USD 10 million)
      - ☐ A holder of a DIFC Single Family Office license
      - ☐ Other institutional investor
      - ☐ An 'assessed' Professional Client who is wholly owned by a Holding Company that is a Large Undertaking or a Body Corporate whose shares are listed or admitted to trading on any regulated exchange of an IOSCO member country

- where applicable and required, I have verified that based on the information and /documents provided by the Applicant that the Applicant has own funds or called up capital of at least USD 1 million;
- where applicable and required, I have verified that the Applicant has sufficient financial experience and understanding of the relevant financial markets, products or transactions and any associated risks;

Accordingly, ____ in my opinion meets the criteria of a Service based / Deemed/ Assessed Professional Client as specified in the DFSA Conduct of Business Module.

For Bank use only

I hereby confirm that the client has signed in my presence.	
Name of employee :	
Employee ID :	
Date :	
Signature :	

Ver-ICBKCORPAE-RAOF-20-2.0, w.e.f. Nov 1, 2024

Documents required for commencing a Relationship/ Opening of Account

Unincorporated businesses or partnerships

1 Documentary evidence of the identity of all the partners and beneficiaries (any one of the following):
i. current, signed passport (valid and not expired); ii. current, signed ID card (valid and not expired); iii. other identification documentation that is customary in the country of residence, such as driving licence, including a clear photograph.
2 Where a copy of an original identification document is made, the copy should be dated, signed and marked with "original sighted" or "verified with original" by ICICI Bank official, along with his/her employee no.
3 A certified true copy of the Partnership Deed and the Certificate of registration/establishment, where the partnership is registered.
4 Latest annual report and annual accounts (audited where applicable).
5 Evidence of proof of source of funds, wealth and income – bank statements, tax returns, audited accounts.
6 Proof of Business (For e.g - Business Licence, LC Copy, Audited financial statement, invoice, etc.).
7 A list of all the Partners/beneficiaries and authorized signatories.
8 Evidence of the trading address of the business or Partnership. The Relationship Manager will visit the address to verify the place of business and certify it.
9 Signature Card

Corporate entities

1 A copy of the extract of the register of the regulator or exchange, or state law or edict creating the entity, for regulated, listed or state-owned companies;
2 A certified copy of the memorandum of association and the articles of association or statutes / byelaws;
3 Certified copies of either the certificate of incorporation or the trade register entry and the trading licence, including the renewal date;
4 Certified copy of the list of authorized signatories specifying who are authorized to act on behalf of the customer's account;
5 Certified copy of the board resolution authorising the various transactions with the bank and authorising the authorised signatories to deal with the bank and sign any documents relating thereto from time to time including the opening and operating of the accounts;
6 Latest audited annual report (if not required to audit accounts, please provide adequate information about the financials);
7 Evidence of regulatory body
8 Evidence on origin of funds and evidence on the source of wealth/income
9 Evidence of name of external auditor
10 Certified copies of the identification documentation (any one of the following) of the authorized signatories
i. current, signed passport; (valid and not expired); ii. current, signed ID card (valid and not expired); iii. any other identification documentation that is customary in the country of residence, such as the driving licence, including a clear photograph.
Where a copy of an original identification document is made, the copy should be dated, signed and marked with "original sighted" or "verified with original" by ICICI Bank official, along with his/her employee no.
11 A list of the main shareholders holding more than 5% of the issued capital.
12 Signature Card.

Trusts nominees and fiduciaries

1 A certified true copy of certificate of registration or other constitutive documents.
2 A certified true copy of the document evidencing establishment, if any.
3 The original/certified true copy of the Trustees' Resolution to (i) establish banking relationship; and (ii) authorize all persons to act on behalf of trust in establishing and conducting business relations with the Bank.
4 A certified true copy of the list of all the Trustees and Beneficial Owners.
5 A certified of the trust deed to ascertain the nature and purpose of trust.
6 The original/certified true copy of the Trust deed/Probate of will creating Trust Subsidiary Deed evidencing appointment of current trustees.
7 A letter signed by the authorised signatory that it will inform ICICI Bank about any changes concerning the individuals who have control over the funds, and concerning the Beneficial Owners.
8 Signature Card
9 Certificate from the trust's Audit firm/ Auditor naming the Auditor of the Trust and confirming that the trust has net assets (as explained in this form) in excess of US$1,000,000/-
10 Latest annual report, audited and published if applicable.
11 Certified copies of the identification documentation of the authorized signatories, settlers, Beneficial Owners, trustees, and any principal controller who has the power to remove the trustee (any one of the following):
i. current, signed passport; (valid and not expired); ii. current, signed ID card (valid and not expired); iii. other identification documentation that is customary in the country of residence, such as driving licence, including a clear photograph. Where a copy of an original identification document is made, the copy should be dated, signed and marked with "original sighted" or "verified with original" by ICICI Bank official, along with his/her employee no.
12 Evidence on origin of funds and evidence on the source of wealth/ income.

Authorized Firms, Ancillary Service Providers and Authorized Market Institutions regulated by the DFSA or financial or credit institutions regulated in a FATF country

Identification evidence is generally not required for customers of a firm who are themselves (a) Authorized Firms, (b) Ancillary Service Providers or (c) Authorized Market Institutions registered or regulated by the DFSA or are (d) financial or credit institutions regulated by any FATF member state's relevant Financial Services Regulator or other relevant regulatory authority (e) subsidiary of entity in (d).

Only the following documents are required to be submitted:

1 Documents confirming the existence of such a relevant firm or institution
2 Letter on company letterhead signed by authorized signatory stating the application of rules in the DIFC or equivalent anti-money laundering provisions.
3 Document confirming regulatory status of the firm or institution: • Confirmation from the relevant Financial Services Regulator or other relevant regulatory authority, body, or home country Central Bank; or
Certified copy of a relevant licence or authorization to conduct financial or banking business from the firm or institution.
4 For (e) A written statement from both the parent company and the subsidiary in question, stamped with the company's seal and signed by authorized signatories, confirming that the subsidiary falls under the same AML provisions as the parent company.

Clubs, cooperative, charitable, social or professional societies

1 Certified copy of the constitution/trust deed of the organisation.
2 Certified copies of the identification documentation (any one of the following) of the authorized signatories, principal signatories and controllers;
i. current, signed passport; (valid and not expired); ii. current, signed ID card (valid and not expired); iii. other identification documentation that is customary in the country of residence, such as driving licence, including a clear photograph. Where a copy of an original identification document is made, the copy should be dated, signed and marked with "original sighted" or "verified with original" by ICICI Bank official.
3 The capacity of the signatories to act on behalf of the club or society and the identity of the beneficial owner of the funds shall be established and verified.
4 Certified copy of the license or permit by a regulatory authority or government entity in its home country (if applicable). (Note: Compulsory for charities in the UAE to provide a certificate from the UAE Minister of Labour and Social Affairs a certificate which confirms their identity, permits them to open bank accounts and states whether they are permitted to collect donations and make financial transfers outside the UAE through such bank accounts).

Note:

1 In the event that an applicant entity is acting on behalf of other persons as trustee, nominee or agent ("Intermediary") and such Intermediary is a financial institution incorporated in prescribed countries (list of countries is available on request) and is regulated by DFSA or equivalent, Intermediary has to furnish a declaration pertaining to the identity of beneficial owners and the source of funds as per the prescribed format of ICICI Bank. In other cases, Intermediary has to furnish all relevant identification documents and evidence of identity of beneficial owners and source of funds satisfactory to ICICI Bank.
2 The Branch shall be informed about any changes concerning the individuals who have control over the funds, and concerning the beneficial owners.
3 Where a trustee, principal controller or beneficial owner who has been identified is about to be replaced, the identity of the new trustee, principal controller or beneficial owner shall be verified before they are allowed to exercise control over funds.
4 Applications not accompanied by supporting documents and / or incomplete applications shall cause delay in processing.
5 The documents listed above are by no means exhaustive and additional documents could be solicited on a case-by-case basis.
6 Applicants must submit completed forms in the original along with the required documents. Applicants cannot send forms through fax/e-mail, etc.
7 Applicants must declare whether the applicant would be acting on his behalf or on behalf of others in connection with this relationship account.