

REMITTANCE CURRENT ACCOUNT OPENING FORM

Customer ID No	<input type="text"/>
<input type="checkbox"/> Hong Kong Branch	
FOR BANK USE ONLY	

Instructions: All fields are mandatory (please strike off or mark N/A if not applicable). Please note that incomplete forms may not be processed or may lead to delays.

Please complete this form in English only. The English text of this form is the governing version and shall prevail if there is any discrepancy between the English version and the Chinese version. Please tick (✓) where appropriate. Please do not use (X) or any other mark.

ACCOUNT HOLDER DETAILS

Main Applicant:

<input type="text"/>	<input type="text"/>	<input type="text"/>
(First Name)	(Middle Name)	(Last Name)

Customer ID:

HKID/Passport No.:

Joint Applicant 1

<input type="text"/>	<input type="text"/>	<input type="text"/>
(First Name)	(Middle Name)	(Last Name)

Customer ID:

HKID/Passport No.:

Joint Applicant 2

<input type="text"/>	<input type="text"/>	<input type="text"/>
(First Name)	(Middle Name)	(Last Name)

Customer ID:

HKID/Passport No.:

Joint Applicant 3

<input type="text"/>	<input type="text"/>	<input type="text"/>
(First Name)	(Middle Name)	(Last Name)

Customer ID:

HKID/Passport No.:

Any change in personal information to be updated with the bank : if yes, please provide in separate sheet to the Relationship Manager.

☐ Yes ☐ No

CURRENT ACCOUNT

The current account opened with ICICI Bank Limited, Hong Kong Branch is protected by the Deposit Protection Scheme in Hong Kong up to limit of HK\$800,000 per depositor.

Currency: ☐ HKD ☐ USD Amount: _____

Note:

- Monthly account statement will be provided for the account unless there have been no transactions on the account since the last statement.
- NO minimum balance required.
- NO cheque book facility will be provided.
- NO interest on daily balances will be credited monthly to the account.

Mode of Funding:

<input type="checkbox"/>	Debit my/our account no. _____ with ICICI Bank Limited's branch in Hong Kong
<input type="checkbox"/>	Funding by Cheque No. _____ of (Provide Name of Bank) _____
<input type="checkbox"/>	Remittance from remittance Bank _____ remittance reference no. _____

(The reference number will help us to identify your funds and enable us to open your deposit faster)

Signing Conditions:

☐ Singly ☐ Either or Survivor ☐ Any one to sign ☐ Jointly

I/We confirm that all the information obtained by you during the account opening process is and from time to time will be provided by me/us voluntarily; without which you will not be able to open or maintain any account or provide any services to me/us. I/We understand that my/our utilization of your services or operation of my/our account(s) will be governed by your policy statement relating to Personal Data (Privacy) Ordinance ("Policy Statement") and General Terms and Conditions Governing Account(s) and Secured Facilities, as amended from time to time ("Terms and Conditions") the receipt of which I/we acknowledge. I/We also confirm that we have received and read a copy of the Policy Statement and relevant terms in relation to personal data privacy and outsourcing in Terms and Conditions and agree to be bound by it. I/We agree that my/our personal data and information collected by you from time to time may be used and disclosed for such purposes and to such persons (whether in our outside Hong Kong) as set out in the Policy Statement and the Terms and Conditions. I/We further: a) agree and/or support the outsourcing arrangement referred to in the Terms and Conditions; b) understand that the current account being opened by me/us is protected by the Deposit Protection Scheme in Hong Kong up to a limit of HK\$800,000 per depositor; and c) have read fully understood and acknowledge the receipt of a copy of standard fees and charges.

Signature of Main Applicant

Signature of Joint Applicant 1

Signature of Joint Applicant 2

Signature of Joint Applicant 3

Date

D	D	M	M	Y	Y	Y	Y
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Place _____

FOR BANK USE ONLY

Checked and Verified By RM/Bank Official

Name : _____

Employee ID : _____

Sign : _____ Date : _____

To be filled by Operations team

Document Scrutinizer

Name : _____ Date : _____

Approver: _____

Name : _____ Date : _____

VERSION 1.2 W.E.F JUNE 30, 2020