ICICI Bank Demat Services

ICICI Bank Limited, CPC-Demat Services, Ground Floor, B-Wing, Autumn Estate, Chandivali Farm Road, Opp. Mhada Colony, Chandivali, Andheri (East), Mumbai - 400072.
(Important Note : Please do not send requests directly to this address. Kindly route all your requests through the nearest ICICI Bank Demat Servicing Branches)

PAN Updation Form (NSDL/CDSL)

For Branch use only SDO Code ☐☐☐ SDO Name ☐ INDOC No. ☐

INSTRUCTIONS :

- Please submit a self attested copy of PAN card(S) of all the holder(s) of your Demat Account.
- Please carry the original PAN card for verification.
- KRA / KYC form is required to be submitted with the copy of existing / new address proof. Please carry original address proof for verification.

Date D D M M Y Y Y Y DP ID ☐☐☐☐☐☐☐☐ Client ID ☐☐☐☐☐☐☐☐

I/We hold the above mentioned Demat Account with you. I/We wish to update PAN details as per the details given below :

Sole/First Holder Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAN ☐☐☐☐☐☐☐☐☐☐

Second Holder Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAN ☐☐☐☐☐☐☐☐☐☐

Third Holder Name ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

PAN ☐☐☐☐☐☐☐☐☐☐

V - Dec 2017

SIGNATURE OF SOLE/FIRST HOLDER | SIGNATURE OF SECOND HOLDER | SIGNATURE OF THIRD HOLDER

Enclosed is the verified copy of the PAN card(s) of the holder(s) of our Demat Account.

Acknowledgement

We have received your request form for PAN updation :

DP ID ☐☐☐☐☐☐☐☐ Client ID ☐☐☐☐☐☐☐☐

Demat Account Holder's Name _____

Received by _____

Bank Official Signature _____ Branch _____ SR No _____

Date D D M M Y Y Y Y

Know Your Client (KYC)
Application Form (For Individuals Only)

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

A. Identity Details (please see guidelines overleaf)

1. Name of Applicant (As appearing in supporting identification document).

Name

Father's/Spouse Name

PHOTOGRAPH

Please affix the recent passport size photograph and sign across it

2. Gender ☐ Male ☐ Female **B. Marital status** ☐ Single ☐ Married **C. Date of Birth** d d / m m / y y y y

3. Nationality ☐ **Indian** ☐ **Other** (Please specify)

4. Status Please tick (✓) ☐ Resident Individual ☐ Non Resident ☐ Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. PAN Please enclose a duly attested copy of your PAN Card

Aadhaar Number, if any:

6. Proof of Identity submitted for PAN exempt cases Please Tick (✓)

☐ UID (Aadhaar) ☐ Passport ☐ Voter ID ☐ Driving Licence ☐ Others (Please see guideline 'D' overleaf

B. Address Details (please see guidelines overleaf)

1. Address for Residence/Correspondence

City / Town / Village Pin Code

State Country

2. Contact Details

Tel. (Off.) (ISD) (STD) Tel. (Res.) (ISD) (STD)

Mobile (ISD) (STD) Fax (ISD) (STD)

E-Mail Id.

3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

4. Permanent Address of Resident Applicant if different from above B1 OR Overseas Address (Mandatory) for Non-Resident Applicant

City / Town / Village Pin Code

State Country

5. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents & tick (✓) against the document attached.

☐ Passport ☐ Ration Card ☐ Registered Lease/Sale Agreement of Residence ☐ Driving License ☐ Voter Identity Card ☐ *Latest Bank A/c Statement/Passbook

☐ *Latest Telephone Bill (only Land Line) ☐ *Latest Electricity Bill ☐ *Latest Gas Bill ☐ Others (Please specify)

*Not more than 3 Months old. **Validity/Expiry date of proof of address submitted** d d / m m / y y y y

6. Any other information:

DECLARATION

I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am/we are aware that I/we may be held liable for it.

Place: Date:

SIGNATURE OF APPLICANT

FOR OFFICE USE ONLY

IPV Done ☐ **on** d d / m m / y y y y

AMC/Intermediary name **OR** code

☐ (Originals Verified) Self Certified Document copies received

☐ (Attested) True copies of documents received

Main Intermediary

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date

Seal/Stamp of the intermediary should contain
Staff Name
Designation
Name of the Organization
Signature
Date