Account Opening Form (For Individuals Only)
Know Your Client (KYC)

ICICI direct.com
Investments on Your Fingertips

Application No. :

Please fill in ENGLISH and in BLOCK LETTERS

KYC Mode*: Please Tick (✓)

☑ Normal ☐ EKYC OTP ☐ EKYC Biometric ☐ Online KYC ☐ Offline EKYC ☐ Digilocker

▶ A. Identity Details (please see guidelines overleaf)

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

PREFIX   FIRST NAME   MIDDLE NAME   LAST NAME

Name

Father's Name

Spouse Name

Mother's Name

PHOTOGRAPH

Please affix
the recent passport
size photograph and
sign across it

2. **Gender** ☐ Male ☐ Female ☐ Transgender   **B. Marital status** ☐ Single ☐ Married ☐ Others _____

C. **Date of Birth** | d | d | / | m | m | / | y | y | y | y |

3. **PAN** | | | | | | | | | | Please enclose a duly attested copy of your PAN Card

▶ B. Contact Details

Email ID

Mobile (ISD) (STD)

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

This Email ID mentioned above belongs to ☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

The Mobile number mentioned above belongs to ☐ Self ☐ Spouse ☐ Dependent Parent ☐ Dependent Children

▶ C. Gross Annual Income

☐ I declare that not providing the details above shall be considered that I do not have the same to provide.

Gross annual Income range : ☐ <1 lac ☐ 1 lac - 5 lac ☐ 5 lac - 10 lac ☐ 10 lac - 15 lac ☐ 15 lac - 20 lac

☐ 20 lac - 25 lac ☐ 25 lac - 50 lac ☐ 50 lac - 1 CR ☐ >1 CR

Gross Annual Income Date-(date will be confirmation date) : _____

▶ APPLICANT DECLARATION

I/We hereby declare that the KYC details furnished by me are true and correct to the best of my/our knowledge and belief and I/we under-take to inform you of any changes therein, mmediately. 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. I/We hereby consent to receiving information from CVL KRA through SMS/Email on the above registered number/Email address.
I am/We are also aware that for Aadhaar OVD based KYC, my KYC request shall be validated against Aadhaar details. I/We hereby consent to sharing my/our masked Aadhaar card with readable QR code or my Aadhaar XML/Digilocker XML file, along with passcode and as applicable, with KRA and other Intermediaries with whom I have a business relationship for KYC purposes only.

Place: _____   Date: _____

▶ SIGNATURE OF APPLICANT

ⓘ