



HF5BG57HCB'F9EI 9GH'6M: 5L'

BchY. The transaction request needs to be signed by authorized individuals as per mode of operation of the Account mentioned below.

G97HCB'5' '56CI H'MCI F'6I G-B9GG'577CI BH'	
Legal Name of Business	Account Number (provide details of account number used for debit / withdrawal)
Account Type	Currency of Account
Branch Name	

G97HCB'6' 'HF5BG57HCB'89H5=GG'

BchY. : cf'a i 'hd'YfUbgUWjcb'cZgja]U'hdY'UbX'Zf'XJZZfYbhUWti bhbi a VYfzi gY'gYdUUh'fUbgUWjcb'fYei YghZ'fa "

Date of Request(s) QaaE { E^^^D	Number of forms & documents enclosed
Requested by (Name of Authorized Individuals):	
1. _____	3. _____
2. _____	4. _____

HfUbgUWjcb'F'Yei YghHndY (✓ for transaction requested and complete Request Details)	F'Yei Ygh8 YHJ'g
<input type="checkbox"/> Transfer between own ICICI Account	Account Number: _____ Amount of Transfer: _____
<input type="checkbox"/> Wire Transfer Request – Domestic & International	Number of Transfers: _____ Money Transfer forms enclosed: _____
<input type="checkbox"/> Bill Payment	Name of Biller: _____ Amount of Payment: _____ Account Number with biller: _____
<input type="checkbox"/> Stop Payment of Cheque	Cheque Number: _____ Date of cheque QaaE { E^^^D _____ Cheque Amount: _____ Beneficiary Name: _____
<input type="checkbox"/> Issuance of Demand Draft (DD would only be mailed to your mailing address or collected at branch)	Amount of Draft: _____ Currency of Draft: _____ Beneficiary Name: _____ Delivery: _____
<input type="checkbox"/> Cancellation of Demand Draft (only lost Demand Drafts)	Draft Number: _____ Draft Date QaaE { E^^^D _____ Draft Amount: _____ Beneficiary Name: _____ Indemnity for cancellation enclosed: _____
<input type="checkbox"/> ACCOUNT Statement Request	Account Numbers: _____ Delivery of Bank Statement: _____
<input type="checkbox"/> Own External Chequing Account linking request	Account Number to be linked: _____ Currency: _____ Name of the Bank and Branch: _____ Linking Request for enclosed: _____ Statement of external Chequing account: _____
<input type="checkbox"/> Closure of Account (Proceeds can only be credited to your ICICI Bank Canada Account or a money order/ DD could be mailed to your mailing address as per Bank records)	Account Number for closure: _____ Closure Proceeds (✓ a. or b.): <input type="checkbox"/> a. Credit to Account Number: _____ <input type="checkbox"/> b. Mail the deposit to mailing address

