



FORM A



160-0000001

APPLICATION FOR OPENING PUBLIC PROVIDENT FUND ACCOUNT UNDER THE PPF SCHEME 1968

Date : DDMMYY

Please fill all the details in CAPITAL LETTERS and BLACK INK only. Fields with * (STAR) are MANDATORY

Br. Code : (For Office use only) Branch :
New PPF :
* Cust. ID No. :
Primary Account number (For linking joint holder cust id) :
Sol Id :

Please affix latest coloured passport size photograph of applicant 35 mm X 35 mm Please sign across photograph

Signature :

(A) * PERSONAL DETAILS

* Applicant Name: Mr. Ms. Dr. F I R S T M I D D L E L A S T
* Mother's Maiden Name:
* Father's Name:
* Date of Birth: DDMMYY * Category : SC ST OBC Others * Minor: Yes No
Aadhar No :
* PAN :
* Residential Status: * Resident Indian: * Non Resident Indian:
* Nationality, If other than India :

(B) * COMMUNICATION ADDRESS

House No/Building Name:
Street Details: /
Locality: Land mark:
City: State:
* PIN Country : (please specify if other than India)
* Tel. No. : STD Code: (R) (O) STD Code: (O)
* Mobile No.:
* Email ID : CAPITAL LETTERS ONLY

(C) * PERMANENT ADDRESS (Office address can not be permanent address)

* Same as communication address. Yes No (If no, below fields are mandatory)
House No/Building Name:
Street Details: /
Locality: Land mark:
City: State:
* PIN Country : (please specify if other than India)

(D) * KNOW YOUR CUSTOMER DOCUMENT (KYC)

1. Identity proof : Expiry Date: DDMMYY (Only for ID Proof wherever applicable)
2. Address proof :

(E) KYC CERTIFICATION (Only In case of new cust id)

I have met Mr./ Ms. in person at his/ her residence/ office/ others (please specify) and confirm that I have verified the copies of the Identity and address documents (as applicable) against originals as produced by the applicant. I also confirm that the form has been signed by the applicant in my presence.
Name and Designation of the Bank Official authorising opening of the Account
Date: Employee No.: Signature of Bank Official:

(F) ★ CUSTOMER PROFILE

1. Occupation

- a) If Salaried, employed with Proprietorship Partnership Pvt. Ltd. Public Ltd. Public Sector
b) If Self Employed, and Government Multinational Others
If in Business, nature of Business Manufacturing Trading Services Retailing Agriculture
 Stock Broker Real Estate Shroffs and Moneylenders Others
If Professional, type of Profession Doctor CA/CS Lawyer Architect Consultant
 Engineer Others
c) If Others House Wife Retired Student
d) If Agri Allied/Farmer, Nil <=5 acres > 5 acres
details of landholding

2. Education

- Under Graduate Graduate Post Graduate Professional

3. Gross Annual Income (₹)

- Nil < 1Lac 1Lac - 5 Lacs 5 Lacs - 10 Lacs 10 Lacs - 15 Lacs
 15 Lacs - 20 Lacs 20Lacs - 25 Lacs 25 Lacs - 50 Lacs 50 Lacs - 1 Cr < 1 Cr

(G) ★ INITIAL SUBSCRIPTION DETAILS

I hereby tender ₹ (in words) towards initial subscription in

PPF Account by : Cheque :

Cheque No.

Dated

drawn on _____

Bank _____ Branch favouring

ICICI Bank - New PPF account no.

Debit Mandate:

Debit my existing account.

Account No.

- PPF account opening with initial subscription is mandatory

(H) ★ STANDING INSTRUCTIONS

*Frequency : Monthly Quarterly Half Yearly Yearly

Date of Debit : Start date & End Date

Amount in Figures ₹ Amount in words Rupees _____

(PPF interest is calculated on the lowest balance at the credit of PPF account between the close of 5th day and end of the month and is credited to PPF account at the end of each financial year)

(I) ★ DECLARATION

- i. I hereby declare that I am not maintaining any other Public Provident Fund Account on my own behalf and an account on behalf of a minor
ii. I hereby declare that the details of other Public Provident Fund accounts opened earlier by me are as under

Sr. No.	Description	Name and address of the Bank/Post office	Account No.

iii. I also declare that I shall adhere to the ceiling on deposits as provided for by Central Government from time to time which is ₹ 1,50,000/- in a financial year at present in each of the following types of Public Provident Fund Account, Individual Self Account and Account(s) on behalf of minor(s) of whom I am the guardian.

iv. I understand that PPF account can be opened only by resident Indian and my residential status at the time of opening of PPF account is resident Indian only

In case, at any time the said declaration is found untrue/false, no interest shall be payable to me/the subscriber on the amount of deposit found in excess of the prescribed limit.

I agree to abide by the provisions of the Public Provident Fund Scheme, 1968 and amendments issued thereto from time to time.

Date

Signature / Thumb Impression by Applicant

FORM E

APPLICATION OF NOMINEE UNDER PUBLIC PROVIDENT FUND SCHEME, 1968

(NOT APPLICABLE FOR MINOR PPF ACCOUNT)

I, _____ hereby nominate the person (s) mentioned below to whom to the exclusion of all other persons in the event of my death, the amount standing to my credit in the PPF Account number _____ at the time of my death would be payable (not applicable for Minor account).

SI No.	Name (s) of the Nominee (s) & Relationship	Relationship with Nominee	Full Address	Date of Birth of Nominee in case of Minor	Proportionate amount for each Nominee

- As the nominee(s) at Serial no. (s) _____ specified above is/are minor(s), I appoint Mr./Ms. _____ residing at _____ to receive the sum due under the said account in the event of my death during the minority of the nominee (s).

★ Guardian Name

★ Relationship with Minor

★ Guardian Address

★ Guardian City

★ Guardian State

★ Guardian Country

★ Guardian Pincode

*WITNESS 1 : Name _____
Address _____

*WITNESS 2 : Name _____
Address _____

Signature: _____

Signature: _____

(*witness is applicable if nominee is minor)

Date

Signature / Thumb Impression by Applicant

FOR BRANCH USE

For ICICI Bank Limited

I have checked customer's residential status and I hereby confirm that customer is not holding any NRI account under any cust ID with ICICI Bank

Employee ID : _____

Sign : _____

Branch Head / Authorised Signatory

Name of the Official : _____

Designation : _____

S. S. Number : _____

A/c, Manager _____

Special Instructions for RPC/CPC:

FOR RPC/CPC USE ONLY

Received on : _____ Received by : _____

Scanned on : _____ Scanned by : _____

Verified on : _____ Verified by : _____

Remarks _____