APPLICATION FOR OPENING AN ACCOUNT UNDER "SUKANYA SAMRIDDHI ACCOUNT"

Please fill all the details in **CAPITAL LETTERS** only. Fields with ★ (**ASTERIX**) are **MANDATORY**

(For Office use only)

Br. Code: Branch:

Cust. ID No.:

A/c No.:

Appl. No.

Date : D D M M Y Y Y Y

PERSONAL DETAILS OF PARENT/GUARDIAN'S

Existing ICICI Bank Account No. :

***Name of Parent / Guardian**

Mr. ☐ Ms. ☐ FIRST MIDDLE LAST

*Date of Birth: D D M M Y Y Y Y *Gender M / F / TG *Marital Status: ☐ Single ☐ Married ☐ Divorcee

Relationship with Minor : ☐ Father ☐ Mother ☐ Court Appointed

*ID Details of parent/guardian :

PERSONAL DETAILS OF MINOR

Name of Account holder (girl child) Miss :

Daughter of (father/mother's name) :

*Date of Birth: D D M M Y Y Y Y

Details of Birth Certificate (copy to be enclosed) :

Certificate No. :

Date of issue : D D M M Y Y Y Y Issuing authority : _____

*COMMUNICATION ADDRESS

House No/Building Name:

Street Details: /

Locality: Land mark:

City: ★ PIN

State : Country : (please specify if other than India)

Tel. No. : STD Code: (R) (O) STD Code: (O)

Mobile No.:

E-mail ID : CAPITAL LETTERS ONLY

I confirm having checked my mobile number and understand that all SMS alerts will be received on above mentioned mobile number.

PERMANENT ADDRESS

Same as communication address. Yes ☐ No ☐ (If no, below fields are mandatory)

House No/Building Name:

Street Details: /

Locality: Land mark:

City: ★ PIN

State : Country : (please specify if other than India)

*IMPORTANT CUSTOMER DECLARATION

I hereby undertake to abide by the provisions / rules of the 'Sukanya Samriddhi Account' and amendments issued thereto from time to time.

I hereby declare that I have not opened OR maintaining any other account under the same scheme in the name of ..... (Name of girl child) in any other Post Office or Bank.

Date : D D M M Y Y Y Y

Signature or thumb impression of Parent/guardian
Additional Specimen signatures

PAYMENT DETAILS

I hereby tender ₹ [ ][ ][ ][ ][ ][ ] _____(in words) towards initial subscription in

SSY Account by : ☐ Cheque :

Cheque No. [ ][ ][ ][ ][ ][ ]

Dated [D][D][M][M][Y][Y][Y][Y]

drawn on _____

Bank _____ Branch favouring

ICICI Bank - SSY account no.

☐ Debit Mandate:

Debit my existing ICICI Bank Account.

Account No. [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

_____

Signature / Thumb Impression by Applicant

- SSY account opening with initial subscription is mandatory

KYC DOCUMENTS

Details of KYC documents attached

Date of Birth proof of Girl child : _____

Guardian KYC

ID proof : _____

Address proof : _____

IMPORTANT TERMS & CONDITIONS FOR SUKANYA SAMRIDDHI ACCOUNT

- ICICI Bank Limited ("ICICI Bank"), has been authorized/permitted by Ministry of Finance to accept subscription under the Sukanya Samriddhi Account Rules, 2014 ("Rules").
- These Terms and Conditions for Sukanya Samriddhi Account (the "Terms") apply to and regulate the provision of services pertaining to Sukanya Samriddhi Account through ICICI Bank.
- These Terms are in addition to and not in derogation with (i) terms and conditions / rules/ regulations/ notifications/ directives etc. governing Sukanya Samriddhi Account and issued by appropriate / competent authorities under Rules/ other applicable laws; (ii) Terms and Conditions for Sukanya Samriddhi Account as available at the website of ICICI Bank www.icicibank.com and (iii) in case any other services of ICICI Bank like internet banking is availed, terms and conditions applicable to such services shall be applicable (collectively referred to as "Primary Terms").
- All capitalized terms used herein but not defined shall have the same meaning as specified under the Primary Terms.
- Guardian acknowledges that she/he has read the Terms and Conditions for Sukanya Samriddhi Account as available at the website of ICICI Bank and hereby agrees to the same.
- **Opening of the Account**
- ICICI Bank shall have sole discretion in respect of opening or closure of the Account.
- Guardian shall provide such documents and information to ICICI Bank as may be required by ICICI Bank under applicable laws. The Guardian hereby represents and warrants that (i) all documents, details, photographs etc., provided by the Guardian is hereby true and correct; the Guardian has not opened any other sukanya samriddhi account under the rules for the Beneficiary; (iii) the guardian has not another sukanya samriddhi account for the beneficiary.
- In the event more than one sukanya samriddhi account under the Rules has been opened for a Beneficiary, Guardian shall close all other account except one. In the event such accounts which have been closed are sukanya samridhhi account with ICICI Bank, no interest shall accrue on such account and ICICI Bank shall refund the balance amount to the Guardian.
- Deposit The Account shall be opened with a minimum deposit of Rs. 1,000/- (Rupees one thousand only) or such other amount as maybe specified from time to time by Ministry of Finance By way of cash or clearing cheque. Subsequent deposit may be made by the Guardian in multiples of Rs. 100/- (Rupees one hundred only) such other amount as maybe specified from time to time by Ministry of Finance By way of cash or clearing cheque.
- Maximum amount deposited in an Account cannot exceed Rs.1,50,000/- (Rupees one lakh fifty thousand only) in a financial year or such other amount as maybe specified from time to time.
- Deposits in an account may be made till completion of 14 (fourteen) years, from the date of opening of the Account.
- An irregular account (where minimum amount of Rs.1,000/- or any other amount as may be specified from time to time, has not been deposited in any financial year) may attract penalty of Rs. 50/- (Rupees fifty only) per year or such other amount as maybe specified from time to time.
- The Guardian shall promptly inform the ICICI Bank regarding any change in status of the Guardian or Beneficiary from time to time. Interest: Interest as notified by Ministry of Finance from time to time shall be accrued to the account as per the Rules. Operation of account: The Account shall be opened and operated by the Guardian of a Beneficiary till the Beneficiary attains the age of 10 (ten) years. On attaining age of 10 (ten) years, the Beneficiary may operate the Account, however, deposit in the account may be made by the Guardian or any other person or authority.
- No failure or delay by ICICI Bank in exercising any right, power or privilege hereunder shall operate as a waiver thereof nor shall any single or partial exercise of any other right, power or privilege. The rights and remedies of ICICI Bank as stated herein shall be cumulative and not exclusive of any rights or remedies provided by law.
- The Guardian hereby agrees that the Guardian shall, at his/her own expense, indemnify, defend and hold harmless ICICI Bank from and against any and all liability any other loss/ claims that may occur, arising from or relating to the operation or use of the Account or the services of ICICI Bank or breach, non-performance or inadequate performance by the Guardian of any of these Terms or the acts, not-errors, representations, misrepresentations, misconduct or negligence of the Guardian in performance of its obligations.
- The Guardian hereby undertakes to comply with all the specified conditions under the Primary Terms.
- ICICI Bank may, at its sole discretion, utilize the services of external service provider/s or agent/s and on such terms as required or necessary, in relation to its products/services.
- The laws of India shall govern these Terms. ICICI Bank and the Guardian hereby agree that any legal action or proceedings arising out of the Terms shall be brought in the courts or tribunals at Mumbai, India and irrevocably submit themselves to the jurisdiction of such courts and tribunals.

I agree to abide by the provisions of the Sukanya Samriddhi Yojana Scheme and amendments issued thereto from time to time.

Date : [D][D][M][M][Y][Y][Y][Y]

_____

Signature / Thumb Impression by Applicant

FOR RPC/CPC USE ONLY

Received on : _____ Received by : _____

Scanned on : _____ Scanned by : _____

Verified on : _____ Verified by : _____

Remarks _____

Name of the Official : _____

Designation : _____

S. S. Number : _____