

# **Fixed Deposit**

### FOR NON INDIVIDUALS

(For Trusts, HUF, Proprietary concerns, Firms, Association, Societies & Clubs)

AAA/Stable by CRISIL **Highest Degree of Safety** 

AAA/Stable by CARE **Highest Degree of Safety** 

AAA/Stable by ICRA **Highest Degree of Safety** 

#### Special Deposit Scheme Rates for Public and other than Public Deposits

		Effective Novem	ber 28, 2024				
Tenure (In Months)	Cum	ulative	Non-Cumulative				
	Cumulative Plan	**Indicative Yield (Cumulative option)	Monthly Income Plan	Quarterly Income Plan	Yearly Income Plan		
39	7.80%	8.51%	7.55%	7.60%	7.80%		
45	7.80%	8.68%	7.55%	7.60%	7.80%		

0.25% additional interest for senior citizen and ICICI Group employees for public deposits

#### Base Scheme Rates for Public and other than Public Deposits

Effective November 28, 2024								
	Cum	ulative	Non-Cumulative					
Tenure (In Months)	Cumulative Plan	**Indicative Yield (Cumulative option)	Monthly Income Plan	Quarterly Income Plan	Yearly Income Plan			
>=12 to <24	7.25%	7.25%	7.00%	7.05%	7.25%			
>=24 to <36	7.65%	7.94%	7.40%	7.45%	7.65%			
>=36 to <48	7.75%	8.37%	7.50%	7.55%	7.75%			
>=48 to <=60	7.75%	8.70%	7.50%	7.55%	7.75%			

0.25% additional interest for senior citizen and ICICI Group employees for public deposits

For deposits >= ₹30.0 million, rates would be offered by Treasury on a case to case basis.

Loan Against Deposit may be availed from Company after 3 months from the date of deposit, which would be given at the discretion of ICICI Home Finance. This loan may be given for up to 75% of the deposit amount, subject to the other terms and conditions as may be specified by the Company from time to time. Interest on such loans will be 2% above the deposit rate. This facility is not available for deposits from minors and Non-Resident Indians (NRIs).

#### **KYC Compliance**

Know Your Customer (KYC) Directions, 2016 Reserve Bank of India are applicable to Housing finance Companies.

Payment Instruction: Cheque/Demand Draft should be drawn in favour of "ICICI Home Fin-FD A/c" and marked "Account Payee only".

The application form number & name of the applicant should be mentioned on the reverse side of the Cheque/Demand Draft.

For more details, please contact 18602674455 (between 9.30 am. to 6.30 pm Monday to Saturday) or visit www.icicihfc.com

"INTEREST RATES ARE SUBJECT TO CHANGE AT THE SOLE DISCRETION OF ICICI HOME FINANCE COMPANY LTD. AND AS PRESCRIBED UNDER THE APPLICABLE LAWS AND THE RATE APPLICABLE WILL BE THE RATE PREVALENT ON THE DATE OF DEPOSIT"

## Minimum Deposit Amount

Non Individual can deposit a Minimum of ₹10,000/under Annual / Cumulative income plan, ₹20,000/- under Quarterly income plan and ₹40,000/- under Monthly income plan with the maximum limit on the number or amount of deposit(s).



**ICICI Home Finance Company Limited** ACKNOWLEDGEMENT SLIP Date of deposit with the ICICI Centre: Application Serial No.: (Name of Trust/Entity) Fixed Deposit application with Received from the Trust/Entity for ₹ a) Cheque / DD No. Dated Drawn on Bank Branch Dated for ₹ b) FDR No. (Valid subject to Realization of Cheque / Demand Draft) c) Total Fixed Deposit Amount (in figures) for ₹ Rupees for a period of % per annum In the following Income Plan: 
Monthly Income Plan 
Quarterly Income Plan 
Annual Income Plan 
Cumulative (Annualised Yield on maturity) Months @

"Trust Deposit placed with ICICI Home Finance Company qualifies under the category of Specified Investment as defined under section 11(5)(ix) of the Income Tax Act, 1961"

### **ICICI Home Finance Company Limited**

Regd. Office: ICICI Bank Towers, Bandra-Kurla Complex, Mumbai 400 051.

Corporate Office: ICICI HFC Tower, Andheri -Kurla Road, JB Nagar, Andheri East, Mumbai – 400059.

CIN: U65922MH1999PLC120106, Website: www.icicihfc.com

Tel: (+91) 22 26531414 / Fax: (+91) 22 26531671

\*\*In case of cumulative deposit, interest is compounded before deduction of Tax

For deposits > = ₹30.0 mn, rate would be offered by Treasury on a case to case basis

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<sup>\*\*</sup> In case of cumulative deposit, interest is compounded before deduction of Tax

<sup>\*\*</sup>The yield mentioned is calculated using the first month of each tenure grid & in case of cumulative deposit, interest is compounded before deduction of tax.

	TECHWEALTH CAPITAL SERVICES PRIVATE LIMITED				HFC Employee ID :							
Customer ID No.:							Appl. N	о.			Br. Code.	
		Al	PPLICATIO	N FORM	FOR DE	POSIT	(NON I	NDIVID	UALS)			
1. DETAILS OF TH					permitted to	issue a re	eceipt. The	Company w	ill in no way	be respons	ible for such or other v	vrong tenders.
Name	:			LINO								
Address	:											
City	:					Pin	Code:					
State	:					-	untry:					
Mobile No. 1	:					Mol	oile No. 2					
Tel	:					STI	O Code					
E-mail	:											
Income-Tax Perman	ent Account	Number	(Attach	a copy of add Form 6	0 as		T-11	/Incorporat	ion /Partne	rship Deed	d D D M	M Y Y
			1962)	n Income Tax	X ACT							
Entity: Industry _ Source of Income of			Busine	ss Location	n :					_		
Any other Addr	Latest Utility Bill  Any other Address Proof (Subject to satisfaction of ICICI Home Finance)  Names of the Partners /  Telephone No.  Registered Rent Agreement  Please Specify  Address Proof Attached											
Place:  Kindly attach documents	s for proof of		roof of address	as per the l	ist provided		in respect	De	ate:		M M Y	Y Y Y his form.
2. ADDRESS OF TH					future com							
Street					City	/						
Pin		Tel. Res.:			Off				F	ax:		
Sate												
Mobile:			E-mail:									
					3. STAT	TUS						
Association of Per	rsons (AOP)	Societies	☐ HUF ☐ P	artnership	Firm 🗌 Pr	oprietar	y Concerr	Trus	t Oth	ers (Pleas	e specify)	•••••
Non Profit Organisa (Non Profit Organiza			an organizat	ion that is r	egistered o	as a Trus	st or a Soc	ciety unde	r applicab	le laws)		
To be filled if the dep Has the depositor re If Yes, share the dar	egistered on	Darpan porto	al of Niti Aayo		7.5		) Darpan	(ngodarp	an.gov.in)			
					Page 2 o	f 14						

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4. PAYME	ENT DETAILS
Delivery mode: Courier Self Pickup* (ICICI HFC Branch ICICI Bank Branch I/we hereby agree and undertake that, in consideration of issuance of Fixed Deposit Receipt which may be irretrievably lost, I/we hereby keep the Entity indemnified from and against all such losses,	has not been collected by me/we in person and separate instructions have been given for delivery, which
ICICI HFC Deposit Receipt No. (in case of renewal):  Deposit term months @% per annum  Interest payment frequency for non cumulative plans: Monthly Quarter  Maturity Instructions (Tick whichever applicable)  Renew only Principal amount Renew Principal and Interest amount (for	
6. CA	TEGORY
Shareholder	Promoter
(Please refer to the clause on Repayment of deposits and Interest Payments)  Savings  Current  Account No.  Bank  Branch  11 Digit IFSC Code  (As appearing on MICR cheque issued by your bank)  All payments will be made primarily through electronic mode. (please refer ECS clause)  *mandatory  9. Mode of operation: (to be replicated as per resolution passed by the Depos	
DECLARATIONS BY THE ENTITY  1. We have read and understood and hereby agree to the terms and conditions as applicable to my account set forth. We understand that the terms and conditions are subject to changes/ revision from time to time at the sole discretion of ICICI Home Finance / or as required under applicable lows /regulations.  2. I/We agree, undertake and authorise ICICI Home Finance Company, its Group companies to exchange, share and part with all information relating to my/ our investment/financial details and financial history information to ICICI Bank Ltd. ICICI Group Companies/ Financial Institutions/ Credit Bureaus/ Agencies/ Statutory Bodies as may be required and shall not hold ICICI Home Finance Company Ltd., ICICI Bank Ltd. and ICICI Group companies liable for use of this information.  3. We further declare that, we are authorised to make this deposit in the above-mentioned scheme and that the amount to be kept in the deposit has been acquired through legitimate sources and does not involve directly or indirectly any proceeds of a scheduled offence under the Prevention of Money Laundering Act, 2002 and / or is not designed for the purpose of contravening or evading any of the provisions of the Prevention of Money Laundering Act, 2002 and / or any rules, regulations, notifications, guidelines or directions made there under and as amended from time to time. We shall provide any further information and fully co-operate in any investigation as and when required by the Company in accordance with the applicable Law.  4. We shall inform the Company regarding any change in employment and to provide any further information / documents that ICICI Home Finance / Group Companies may require from time to time. We agree to indemnify ICICI Home Finance against any froud or any loss or damage suffered by ICICI Home Finance / Group Companies due to our providing of any incorrect communication address and / or failure on my/our part to communicate the change /alteration in my/our communication address or any ap	<ol> <li>We have no objection to ICICI Home Finance, its Group Companies, Brokers / Representatives to provide me / us information on various products, offers and services provided by ICICI Home Finance / its group companies through any mode (including telephone calls / SMS / emails) and authorise ICICI Home Finance, its Group Companies, Brokers / Representatives for the above purpose: YES NO.</li> <li>We declare that we are competent and fully authorised to issue such declarations, confirmations, agreements and undertakings and submit this Application Form for the purposes of this deposit, and to execute all other documents required by ICICI Home Finance or such purpose.</li> <li>This Application Form has been duly and validly executed by us or on our behalf and when accepted/acted upon by ICICI Home Finance would constitute legal and valid obligations that are binding on and enforceable against us in accordance with the Terms hereof. We confirm that the initials on this application form are made by us and the validity of such initials shall not be disputed by us.</li> <li>I/We hereby declare and affirm that I/We have not made any payments/deposits in cash.</li> <li>I/We have gone through the financial and other statements/particulars/representation furnished/made by ICICI Home Finance and after careful consideration I/We am/are making the deposit with the ICICI Home Finance at my/our own risk and volition.</li> </ol>
For office use only  Branch:  Checked by:	Date of Receipt:  Customer No.:  Authorised by :





	Know Your Customer (KYC) application form I Legal Entity other than Individual
A) Fields marked with "*" are B) Tick "a " wherever applical C) Please fill the date in DD-N D) Please fill the form in Engli E) KYC number of applicant is	able.  G) List of two character ISO 3166 country code is available at the end  H) Please read section wise detailed guidelines/ instructions at the end.  Application Type*  New Update
1. ENTITY DETAILS* (Ple	lease refer instruction A at the end)
Entity Constitution Type  Date of Incorporation/ F  Place of Incorporation/ F  PAN*  TIN/ GST Registration N	Formation*  Date of Commencement of Business  Country of Incorporation*  Form 60 Furnished  TIN or equivalent issuing Country
2. PROOF OF IDENTITY (F	(POI)* (Please refer instruction B at the end)
Certifiate of Incorpor  Memorandum and A Resolution of Board/ Activity Proof -1 (for	Articles of Association    Partnership Deed
	efer instruction C at the end)
	Address/ Place of Business*  Pogistration Cortificate  Other Decument
Proof of Address* Line 1*	Certifiate of Incorporation/ Formation Registration Certificate Other Document
Line 2	
Line 3	City/ Town/ Village*
District *	PIN/ Post Code* State/ UT Code* ISO 3166 Country Code*
3.2 Local Address in Inc	ndia (if different from above)*
Line 1*	
Line 2	
Line 3	City/ Town/ Village*
District *	PIN/ Post Code*  State/ UT Code*  ISO 3166 Country Code*
4. CONTACT DETAILS (	(All communications will be sent to Mobile No./ email Id provided may be used) (Please refer instruction D at the end)
Tel. (Off)	
Mobile Mobile	Fax email ld
Mobile	email Id
5. NUMBER OF RELAT	TED PERSONS (Please refer instruction E at the end)

KYC Legal Entity Page 1 of 2



6. REMARKS (if any)	
7. APPLICANT DECLARATION (Please refer instruction G at the end)	
I hereby declare that the details furnished above are true and correct to the best of my kr inform you of any changes therein, immediately. In case any of the above information is fou misrepresenting, I am aware that I may be held liable for it.	
I/we hereby consent to receiving information from Central KYC Registry through SMS/ email address.	email on the above registered number/
	Cianatura/Thumb impression of Authoricad Descon/o
Date: DD - MM - YYY Place:	Signature/ Thumb impression of Authorised Person(s)
O ATTECTATION/ FOR OFFICE LICE ONLY	
8. ATTESTATION/ FOR OFFICE USE ONLY  Documents Received Certified Copies Equivalent e-document	
KYC VERIFICATION CARRIED OUT BY	INSTITUTION DETAILS
	INSTITUTION DETAILS
Identity Verification Done Date DD MM YYYY	Name
Emp. Name	Code
Emp. Code	
Emp. designation	
Emp. Branch	
Employee Signature	Institution Stamp

KYC Legal Entity Page 2 of 2

## Annexure A2 Legal Entity / Other than Individuals

## Know Your Customer (KYC) application form I Related Person

Important Instructions:				
A) Fields marked with "*" are r B) Tick "a " wherever applicable C) Please fill the date in DD-M D) Please fill the form in Englis E) KYC number of applicant is	le. M-YYYY format.	G) List of two character ISO 3166 con     H) Please read section wise detailed     I) For particular section update, please	guidelines/ instructions at the end. se (a) in the box available before the ection not required to be updated	For office use only  Application Type* New Update  (To be filled by ICICI Home Finance Co. Ltd.)
1. DETAILS OF RELATED P	ERSON* (Please refer instruction			
Addition of Related Person		Deletion of Related	Person	Update Related Person Details
KYC Number of Related Person (	If Avgilable)	Deletion of Related		Related Person Type & Name is mandatory
Related Person Type*	Director Promotor	☐ Karta ☐ Trustee ☐	Partner Court Appointment Official	Proprietor
riciated religion type	Beneficiary Beneficial		Others (Please Specify)	
	Authorised Signatory	Power of Attorney Holder		
DIN (Director Identification Num		(M	andatory if Related Person Type is Director)	
1. 1 PERSONAL DETAILS (Pleas	se refer instruction E at the end)			
Name (Same as ID proof) Maiden Name Father/ Spouse Name Mother Name Date of Birth* Gender* Nationality* PAN*		Female T- Transgender hers (ISO 3166 Country Code )  Form 60 furnished		
1. 2 PROOF OF IDENTITY AND	ADDRESS (Please refer instruction E at	the end)		
I Certified copy of OVD or equiv	alent e-document of OVD obtain	ed through digital KYC process needs	o be submitted (any one of the following O\	/Ds)
☐ A- Passport Number				
B- Voter ID Card				□ РНОТО*
C- Driving Licence  D- NREGA Job Card				
E- National Population	n Register Letter			
E- Proof of Possessio F- KYC Authentication				
Offline verification of		x x x x x x x		
II $\square$	×	x x x x x x x		
	X	x x x x x x x		
Address				
Line 1*				
Line 2				
Line 3			City/Town/ Village*	
District*		PIN/ Post Code*	State/ UT Code*	ISO 3166Country code*
1. 3 CURRENT ADDRESS DETA	ILS (Please refer instruction E at the en	d)		
Same as above mentioned	d address (in such cases address	details as below need not be provided.		
I Certified copy of OVD or equiv	alent e-document of OVD obtaine	through digital KYC process needs to b	e submitted (any one of the following OVDs)	
A- Passport Number				
B- Voter ID Card C- Driving Licence				
D- NREGA Job Card				
E- National Population				
F- KYC Authentication	n			
Offline verification of  Deemed POA- docum		X   X   X   X   X   X		
II Deemed POA- docum	X	X   X   X   X   X   X		
III $\square$	×	x x x x x x x		
IV				
v 🗆		Page 10 of 14		KYC- Related Person Pg. 1 of 2



Address								
Line 1*								
Line 2								
Line 3				City/Town/ Villag	ge*			
District*	PIN/ Post	Code*	State/ U	T Code*	ISO 3166Country code*			
4. CONTACT DETAIL	(All communications will be sent to Mobile no./ email	I-ID provided may be use	ed) (Please refer instruc	ction D at the end)				
Tel. (Off)	FAX							
Mobile	Email II	D						
Mobile	Email II	D						
7 APPLICANT DECLA	ARATION (Please refer instruction G at the end)							
inform you of any chang misrepresenting, I am av	e details furnished above are true and correct jes therein, immediately. In case any of the abo ware that I may be held liable for it. o receiving information from Central KYC Reg	ove information is four	nd to be false or untr	ue or misleading or				
Date:	Date: DD - MM - Y Y Y Place: Signature/ Thumb impression of Authorised Person(s)							
8. ATTESTATION/ FOR	R OFFICE USE ONLY							
<b>Documents Received</b>	Certified Copies	E-KYC data	received from UIDAI		Data received from Offline verification			
	Digital KYC process	Equivalent	e-document					
	KYC VERIFICATION CARRIED OUT BY			INSTI	TUTION DETAILS			
Identity Verification  Emp. Name  Emp. Code  Emp. designation  Emp. Branch	Done Date DD M M		Name					
	Employee Signature				Institution Stamp			
		end of k						

KYC- Related Person Pg. 2 of 2

### Instructions / check list / guidelines for filing Legal Entity / Other than Individuals KYC Application Form

#### A Clarification/Guidelines for filing Entity Details section

- 1. Entity Constitution Type
- A Sole Proprietorship
- B Partnership Firm
- C- HUF
- D Private Limited Company
- E Public Limited Company
- F Society
- G Association of Persons (AOP)/Body of Individuals (BOI)
- H Trust
- I Liquidator
- J Limited Liability Partnership
- K Artificial Liability Partnership
- L Public Sector Banks
- M Central/State Govt. Dept. or Agency
- N Section 8 Companies (Companies Act, 2013)
- O Artificial Jurisdical Person
- P International Organisation or Agency/ Embassy or Consular office etc.
- Q Not Categorized
- R Others
- S Foreign Portfolio Investors
- 2 In case of companies and partnerships, PAN of the entity is Mandatory. In case of other entities, FORM 60 may be obtained if PAN is not available.
- B Clarification / Guidelines for filling 'Proof of Identity [POI]' section
  - 1 Activity Proof 1 and Activity Proof 2 are applicable for accounts in case of proprietorship firms. Please refer to relevant instructions issued by the Reserve Bank of India
  - 2 Please refer to the relevant instructions issued by the regulator regarding applicable documents for the legal entity.
  - 3 Certified copy of document or equivalent e-document or OVD obtained through Digital KYC process to be submitted.
  - 4 'Equivalent e-document' means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
  - 5 'Digital KYC process' has to be carried out as stipulated in the PML Rules, 2005.
  - 6 KYC requirements for Foreign Portfolio Investors (FPIIs) will be as specified by the concerned regulator from time to time.
- C Clarification / Guidelines for filling 'Proof of Address [POA]' section
  - 1 State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
  - 2 Certified copy of document or equivalent e-document to be submitted.
- D Clarification/Guidelines for filling 'Contact Details' section
  - 1 Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-999999999).
  - 2 Do not add '0' in the beginning of Mobile number.
- E Clarification / Guidelines for filling 'Related Person Details' section
  - 1 Personal Details
    - The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
  - 2 Proof of Address [PoA]
    - $\bullet \ Po A \ to \ be \ submitted \ only \ if \ the \ submitted \ Pol \ does \ not \ have \ an \ address \ or \ address \ as \ per \ Pol \ is \ invalid \ or \ not \ in \ force.$
    - State/U.T Code and Pin/Post Code will not be mandatory for Overseas addresses.
    - In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
    - REs may use the Self Declaration check box where Aadhaar authentication has been carried out successfully for a client and client wants to provide a current address, different from the address as per the identity information available in the Central Identities Data Repository.
  - 3 If KYC number of Related Person is available, no other details except 'Person Type' and 'Name of the Related Person' are required.
  - 4 Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
- F Provision for capturing signature of multiple authorised persons is to be made by the RE.

