

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 November 28, 2024

Tenure (In Months)	Cumulative		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

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

Base Scheme Rates for Public and other than Public Deposits

Effective November 28, 2024

Tenure (In Months)	Cumulative		Non-Cumulative		
	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

**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.

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.icicifhfc.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

Date of deposit with the ICICI Centre :

ACKNOWLEDGEMENT SLIP

Application Serial No.:

Received from the Trust/ Entity		(Name of Trust/Entity) Fixed Deposit application with	
a) Cheque / DD No.	Dated	for ₹	
Drawn on Bank		Branch	
b) FDR No.	Dated	for ₹	
c) Total Fixed Deposit Amount (in figures)	(Valid subject to Realization of Cheque / Demand Draft) for ₹		
Rupees			
for a period of	Months @	% per annum	In the following Income Plan: <input type="checkbox"/> Monthly Income Plan <input type="checkbox"/> Quarterly Income Plan <input type="checkbox"/> Annual Income Plan <input type="checkbox"/> Cumulative (Annualised Yield on maturity)

" 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.icicifhfc.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

HFC Employee Name :		HFC Employee ID :	
Broker Name :	TECHWEALTH CAPITAL SERVICES PRIVATE LIMITED	Code No :	E 0 7 1 1 2 3
Employee Name :		Sub Broker Code :	
Channel Name :		Branch SOL ID :	

Customer ID No.:		Appl. No.		Br. Code.	
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APPLICATION FORM FOR DEPOSIT (NON INDIVIDUALS)

Brokers are not permitted to accept cash with the Application Form. Brokers are not permitted to issue a receipt. The Company will in no way be responsible for such or other wrong tenders.

1. DETAILS OF THE TRUST/ENTITY (IN BLOCK LETTERS)

Name :		
Address :		
City :		Pin Code:
State :		Country:
Mobile No. 1 :		Mobile No. 2
Tel :		STD Code
E-mail :		

Income-Tax Permanent Account Number (PAN)	(Attach a copy of PAN card or add Form 60 as defined in Income Tax Act 1962)	Date of Agreement/Incorporation /Partnership Deed Or Trust Deed / Formation AOP
		D D M M Y Y

Entity: Industry Business Location :

Source of Income of Entity:

Proof of Address to be provided by Trust/Entity (Please submit copy of ANY ONE of the following self-attested documents)

<input type="checkbox"/> Latest Utility Bill	<input type="checkbox"/> Latest Bank Account Statement	<input type="checkbox"/> Registered Rent Agreement
<input type="checkbox"/> Any other Address Proof (Subject to satisfaction of ICICI Home Finance)		Please Specify

Names of the Partners / Trustees / Beneficiaries	Telephone No.	ID Proof Attached	Address Proof Attached

Place:		Date:	D D M M Y Y Y Y
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Kindly attach documents for proof of identity and proof of address as per the list provided overleaf in respect of partners / trustees / settlers / beneficiaries with this form.

2. ADDRESS OF THE TRUST/ENTITY (IN BLOCK LETTERS) (for all future communication)

Street		City	
Pin		Tel. Res.:	
		Off:	
Sate		Fax:	
Mobile:		E-mail:	

3. STATUS

☐ Association of Persons (AOP) ☐ Societies ☐ HUF ☐ Partnership Firm ☐ Proprietary Concern ☐ Trust ☐ Others (Please specify).....

Non Profit Organisation ☐ Yes ☐ No

(Non Profit Organization means any entity or an organization that is registered as a Trust or a Society under applicable laws)

To be filled if the depositor is a Non Profit Organisation

Has the depositor registered on Darpan portal of Niti Aayog (www.ngodarpan.gov.in)

If Yes, share the darpan registration no:_____ If No, please visit & register at NGO Darpan (ngodarpan.gov.in)



Know Your Customer (KYC) application form I Legal Entity other than Individual

Important Instructions:

- A) Fields marked with “*” are mandatory fields.
B) Tick “a” wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application
- F) List of State/ UT as per Indian Motor Vehicles Act 1988 is available at end
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.
I) For particular section update, please (a) in the box available before the section number and strike off the section not required to be updated
- For office use only
Application Type* ☐ New ☐ Update
(To be filled by ICICI Home Finance Co. Ltd.)

[illegible]

1. ENTITY DETAILS* (Please refer instruction A at the end)

Name*																													
Entity Constitution Type*		<input type="checkbox"/> others (specify)										(Please refer instruction B at the end)																	
Date of Incorporation/ Formation*		<div>DD</div> - <div>MM</div> - <div>YYYY</div>										Date of Commencement of Business		<div>DD</div> - <div>MM</div> - <div>YYYY</div>															
Place of Incorporation/ Formation*												Country of Incorporation/ Formation*		<div></div> <div></div>															
PAN*		<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>										<input type="checkbox"/> Form 60 Furnished		TIN or equivalent issuing Country		<div></div> <div></div>													
TIN/ GST Registration Number																													

2. PROOF OF IDENTITY (POI)* (Please refer instruction B at the end)

<input type="checkbox"/>	Officially valid document(S) in respect of person authorised to transact	
<input type="checkbox"/>	Certificate of Incorporation/ Formation*	<input type="checkbox"/> Registration Certificate
<input type="checkbox"/>	Memorandum and Articles of Association	<input type="checkbox"/> Partnership Deed
<input type="checkbox"/>	Resolution of Board/ Managing Committee	<input type="checkbox"/> Trust Deed
<input type="checkbox"/>	Activity Proof -1 (for Sole Proprietorship only)	<input type="checkbox"/> Power of Attorney granted to its manager, officers or employees to transact on behalf
		<input type="checkbox"/> Activity Proof -2 (for Sole Proprietorship only)

3. ADDRESS (Please refer instruction C at the end)

3.1 Registered Office Address/ Place of Business*

Proof of Address*	<input type="checkbox"/> Certificate of Incorporation/ Formation	<input type="checkbox"/> Registration Certificate	<input type="checkbox"/> Other Document	<input type="text"/>
Line 1*	<input type="text"/>			
Line 2	<input type="text"/>			
Line 3	<input type="text"/>			City/ Town/ Village* <input type="text"/>
District *	<input type="text"/>	PIN/ Post Code* <input type="text"/>	State/ UT Code* <input type="text"/>	ISO 3166 Country Code* <input type="text"/>

3.2 Local Address in India (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)

[illegible]

5. NUMBER OF RELATED PERSONS (Please refer instruction E at the end)

6. REMARKS (if any)

7. APPLICANT DECLARATION (Please refer instruction G at the end)

Signature/ Thumb impression of Authorised Person(s)

8. ATTESTATION/ FOR OFFICE USE ONLY

Documents Received ☐ Certified Copies ☐ Equivalent e-document

KYC VERIFICATION CARRIED OUT BY															
Identity Verification	<input type="checkbox"/>	Done	Date	<input type="text" value="D"/>	<input type="text" value="D"/>	-	<input type="text" value="M"/>	<input type="text" value="M"/>	-	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>		
Emp. Name	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. designation	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Emp. Branch	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<div style="border: 1px solid black; height: 60px; margin-top: 10px;"></div>															
Employee Signature															

INSTITUTION DETAILS	
Name	<input type="text"/>
Code	<input type="text"/>
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
Institution Stamp	

_____ end of kyc form _____

Know Your Customer (KYC) application form I Related Person

Important Instructions:

- A) Fields marked with "*" are mandatory fields.
B) Tick "a" wherever applicable.
C) Please fill the date in DD-MM-YYYY format.
D) Please fill the form in English and in BLOCK letters.
E) KYC number of applicant is mandatory for update application
- F) List of State/ UT as per Indian Motor Vehicles Act 1988 is available at end
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.
I) For particular section update, please (a) in the box available before the section number and strike off the section not required to be updated
- For office use only
Application Type* ☐ New ☐ Update
(To be filled by ICICI Home Finance Co. Ltd.)

(Mandatory for KYC update request) KYC Number*

1. DETAILS OF RELATED PERSON* (Please refer instruction E at the end)

☐ Addition of Related Person ☐ Deletion of Related Person ☐ Update Related Person Details

KYC Number of Related Person (If Available) If KYC Number is available, Only Related Person Type & Name is mandatory

Related Person Type* ☐ Director ☐ Promotor ☐ Karta ☐ Trustee ☐ Partner ☐ Court Appointment Official ☐ Proprietor
☐ Beneficiary ☐ Beneficial Owner % holding ☐ Others (Please Specify) _____
☐ Authorised Signatory ☐ Power of Attorney Holder

DIN (Director Identification Number) (Mandatory if Related Person Type is Director)

1.1 PERSONAL DETAILS (Please refer instruction E at the end)

Name (Same as ID proof)

Maiden Name

Father/ Spouse Name

Mother Name

Date of Birth*

Gender*

Nationality*

PAN*

☐ M - Male ☐ F - Female ☐ T - Transgender
☐ IN- Indian ☐ Others (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 equivalent e-document of OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)

☐ A- Passport Number

☐ B- Voter ID Card

☐ C- Driving Licence

☐ D- NREGA Job Card

☐ E- National Population Register Letter

☐ E- Proof of Possession of Aadhar

☐ F- KYC Authentication

☐ Offline verification of Aadhar

II ☐

III ☐

Address

Line 1*

Line 2

Line 3

District* PIN/ Post Code* State/ UT Code* City/Town/ Village* ISO 3166Country code*

☐ PHOTO*

1.3 CURRENT ADDRESS DETAILS (Please refer instruction E at the end)

☐ Same as above mentioned address (in such cases address details as below need not be provided.)

I Certified copy of OVD or equivalent e-document of OVD obtained through digital KYC process needs to be submitted (any one of the following OVDs)

☐ A- Passport Number

☐ B- Voter ID Card

☐ C- Driving Licence

☐ D- NREGA Job Card

☐ E- National Population Register Letter

☐ E- Proof of Possession of Aadhar

☐ F- KYC Authentication

☐ Offline verification of Aadhar

II ☐ Deemed POA- document type code

III ☐ Self Declaration

IV ☐

V ☐

Address

Line 1*

Line 2

Line 3

District*

PIN/ Post Code*

City/Town/ Village*

State/ UT Code*

ISO 3166Country code*

4. CONTACT DETAIL (All communications will be sent to Mobile no./ email-ID provided may be used) (Please refer instruction D at the end)

Tel. (Off)

FAX

Mobile

Email ID

Mobile

Email ID

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 knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or 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 on the above registered number/ email address.

Date:

DD

MM

YYYY

Place:

Signature/ Thumb impression of Authorised Person(s)

8. ATTESTATION/ FOR OFFICE USE ONLY

Documents Received

Certified Copies

E-KYC data received from UIDAI

Data received from Offline verification

Digital KYC process

Equivalent e-document

KYC VERIFICATION CARRIED OUT BY

INSTITUTION DETAILS

Identity Verification

Done

Date

DD

MM

YYYY

Emp. Name

Emp. Code

Emp. designation

Emp. Branch

Employee Signature

Name

Code

Institution Stamp

end of kyc form

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 (FPIs) 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 91-9999999999).
- 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]
 - PoA 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.