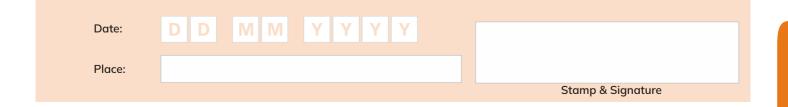
	<b>Home Fina</b> r Application For		ICICI Home Finance Company Regd. Office: ICICI Bank Towers, Band Mumbai 400 051 Corporate Office: RPG Tower, Andheri -Kur Andheri East, Mumbai 400 CIN : U65922MH1999PLC120106, Website	ra-Kurla Complex, la Road, JB Nagar, 0 059
	Please fill the information	on in CAPITAL letters	only 🗸 & in appropriate places	
Full name of the c	applicant (as appearing in su			
Mr/Mrs/Miss/M/s				Affix a
Status	Individual Partnershi Hindu Undivided Family		. Co. Public Ltd. Co. Others	photograph here
Date of Birth (in case of individuals)	D D M M Y Y Y Y	Date of Incorpo Partnership De	ed (In case of Companies and Firms)	
PAN number (attach a copy of PAN co	· · · · · · · · · · · · · · · · · · ·	Registration nu (in case of compar	ies and firms)	
Do you have any of	your relatives working with ICI	CI HFC? If yes, Please prov		
	ess of applicant (attach proo			
Company name / flo				
Bldg. name Rogd no. / name				
City		++++++	Pin code	
State			Country	
Tel. (R):	STE	O code	Fax:	
Tel. (O):			Ext. no.	
E-mail:				
Mobile:				
Company name / flo Bldg. name Road no. / name City State Tel. (R): Tel. (O): E-mail: Mobile: Bank account det		D Code	Pin code       Image: Sector of the sector of	
Savings	Current	Account No.		
Bank name 11 Digit IFSC Code		(attach cancelled c	Branch heque)	
Other details (in c	ase of individuals)			
Occupation Service Retired Business Professional Housewife Stude Others (please speci Marital Status Single	<ul> <li>Married</li> <li>Number of children: Son/s</li> <li>Daughter/s</li> <li>Education</li> <li>ent</li> <li>SSC / HSC / Graduate</li> </ul>	Household Income <ul> <li>Less than ₹ 1 lakh p.a.</li> <li>₹ 1-3 lakh p.a.</li> <li>₹ 3-5 lakh p.a.</li> <li>₹ .5-10 lakh p.a</li> <li>Above ₹ 10 lakh p.a.</li> <li>Number of earning members in the family:</li> </ul>	Accommodation Own Rented Employer Other (please specify) Ownership of Computer Yes No Two wheeler Yes No Car Yes No	Have you availed a) Housing Ioan Yes No ICICI HFC Other b) Car Ioan Yes No c) Personal Ioan Yes No
In case of a Partne	ership firm / Company *			
No. of years in existi	ng business:	No. of e	employees in your office:	
			partners in this firm:	

Are you registered under GST?  Yes No							
If yes, kindly mention your GST r	number		(Kindly	attach self-a	ttested GST certi	ficate copy)	
If No, kindly sign the below declaration							
I hereby confirm that I am unable to provide GSTIN (GST Registration Number) as required by ICICI Home Finance Company Ltd. ( ICICI HFC ) for linking Broker Code as my yearly income is below ₹20 Lakhs and I have not breached the threshold limit for GST registration.							
I understand that I will not be able non – eligibility of GSTIN and I agree							
Are you registered under MSMED Act 2006?  Q Yes Q No If Yes, Kindly attach self-attested MSMED certificate/ declaration copy							
Details of other agencies held							
		Insurance sector	-		Financial secto	r	Others
	LIC	GIC	Pvt. Insurance	Mutual Fund	Company deposits	Small savings	(please specify)
Business generated in the previous year (₹ in lac)							
Years of association							
Code number							
	Are you a sub-broker with any corporate broker(s)? Yes No If Yes, please specify the name(s) of the corporate broker(s): 1 2						
Are you: Full-time broke		ime broker				Home	Office
If employed, please provide the c	letails of employ	/ment:			•		
References							
1) Name							
Address				++++			
	++++			++++			
Tel. (R):		STD code		Fax:			
Tel. (O):		Mobile					
		E-mail ID					
2) Name							
Address							
Tel. (R):		STD code		Fax:			
Tel. (O):		Mobile		++++			
		E-mail ID					
		DFO					
• I/We hereby declare that above information	on is true and to the be				ou to credit the brokerag	je / incentive payable	to me in the above
<ul> <li>mentioned bank account.</li> <li>The Broker hereby agrees that he/she/it sh</li> </ul>	all strictly comply with	h all laws, rules and rea	gulations of RBI, SEBI,	NBFC and all publi	c authorities where the	Broker conducts his/h	er/its business
relating to the performance of or obligation	ns under this applicat	ion form with ICICI HFC	, the Broker also agre	es to obtain all the	permission necessary fo	or running its business	5.
<ul> <li>As a further condition of engagement. Broker agree to execute any and all documents necessary to protect and preserve ICICI HFC's proprietary rights, even if no longer engaged by ICICI HFC. The Broker further agrees, at ICICI HFC's request, to confirm such rights in writing.</li> </ul>							
Place:	Place:						
Date: D D M M Y			Signati	ure of applica	nt		
For office use only I hereby declare the above mentione	d Agent is not rela	ated to me & this a	pplication is proce	essed solely bas	ed on the request f	rom the Agent	
Application received on:Branch							
Date of appointment:							
The commission paid / payable by ICICI HFC to t laws and subject to deduction of tax at source a any and all amounts which may be or become p	s per the applicable lav	vs. ICICI HFC shall also	have the right to set of	f, deduct and recove	er from the commission o	or any other amount po	yable to the Broker,

- 1. The Broker shall cover all the deposit schemes of ICICI Home Finance Company Limited (ICICI HFC) as are in force and will be introduced from time to time. All the deposits shall be collected by the Broker unless expressly excluded by ICICI HFC. (ICICI HFC and Broker hereinafter shall collectively be referred to as "Parties").
- 2. The broker shall carry out all the instructions and directions issued by ICICI HFC of persons duly authorized by ICICI HFC from time to time and promptly correspond with ICICI HFC in all matters referred to the Broker.
- 3. The payment commission shall be done on monthly basis and subject to the submission of proper invoice. The payment of commission shall be subjected to deduction as per the applicable taxes under the Income Tax Act, 1961 or other applicable laws.
- 4. Broker will be eligible for Brokerage /sub-brokerage on the business procured at the rates prevailing on that day and as may be decided by ICICI HFC from time to time. Such Brokerage /sub-brokerage rates will be subject to revision at the sole discretion of ICICI HFC
- 5. An agent is not entitled to any Commission, if he/she is the 1st deposit holder in the FD application form.
- 6. Brokerage is subject to recovery, if the Depositor pre-closes the FD before the date of maturity (other than death claim) at the discretion of the Company.
- 7. The broker is not authorized to receive money or cash on behalf of ICICI HFC and issue any receipt.
- 8. The Broker agrees to give correct information along with the broker code number as mentioned in the application form. Broker shall not be paid any commission in the absence of the broker code number or incompletely filled form.
- 9. The Broker acknowledges and agrees all the information provided by ICICI HFC to the broker is sensitive and confidential in nature and Broker shall insure that neither the Broker nor any of its personnel will do any act for violating the same.
- 10. The Broker agrees not to hold itself out to be an employee of ICICI HFC. The Parties agree that, in offering the services, the Parties shall act only on a principal to principal basis and not as an agent of the other Party. Nothing in these terms and conditions constitutes an agency, partnership or joint venture between ICICI HFC and the Broker.
- 11. ICICI HFC shall at all times be entitled to monitor and assess the performance of the Broker, ICICI HFC also reserves the rights to conduct audits on the Broker whether by its internal or external auditors and to obtain copies of any audit or review reports and finding made on the Broker.
- 12. The Broker shall have no right to enter into any agreement or arrangement for and/or on behalf of ICICI HFC or to represent to any person, firm or corporation that it has such right or authority, without the prior written consent of ICICI HFC.
- 13. Broker shall take prior approval/consent of the ICICI HFC before hiring any sub-contractor or any sub-broker.
- 14. The Broker recognizes the right of NHB/RBI to inspect/cause an inspection to be made of the Broker and its books or accounts by one or more of its officers or employees or other persons.
- 15. ICICI HFC reserves the right to amend or terminate, repudiate or revoke and modify the terms and conditions at its sole discretion.
- 16. ICICI HFC reserves the right to terminate the empanelment of Broker on its sole discretion inwriting, without assigning any reasons.
- 17. The Broker shall, at its own expense, indemnify, defend and hold harmless ICICI HFC from and against any and all the liabilities, whether direct or indirect, suffered or incurred due to non-performance, inadequate performance, or breach of any terms and conditions contained herein.
- 18. The Broker also agrees to indemnify ICICI HFC fully and against any claims & demands by any local, state or central authorities, judgement or decree of the court, litigation/arbitration by any third party, taxes, duties and/or penalties for causing any loss to any person, firm or corporation on account of the actions of the Broker.
- 19. Parties shall be governed by Indian Laws and court of Mumbai shall have exclusive jurisdiction in respect of matters and disputes arising from this document.



## Self Declaration

## (Self-Declaration to be obtained on the letter head of the service provider/plain paper)

Date:

To,

ICICI Home Finance Company Ltd	

## Subject: Declaration for compliance

Dear Sir/Madam,

I/ We,\_\_\_\_\_\_, in respect of the \_\_\_\_\_\_activity carried out by me/us on behalf of the Company, hereby confirm as under:

- I/We am/are not a subsidiary of ICICI Home Finance Co. Ltd. (The Company) and am/are not owned or controlled by any director or officer/employee of the Company or their relatives having the same meaning as assigned under Section 2(77) of the Companies Act, 2013. (\*)
- 2. There is no outstanding litigation or criminal conviction against me/us.
- 3. All the applicable laws, rules, regulations of RBI /NHB /SEBI / other statutory authorities including maintaining confidentiality and security of customer information are being complied with by me/us.
- 4. There are no cases of any regulatory or compliance breaches including breaches of any confidentiality or security of customer information against me/us.
- 5. Report on self-due diligence conducted on my/our employees I/We confirm that the names, addresses, contact numbers and educational background of each employee is available in my/our records and appropriate background checks have been undertaken and are ensured for the employees. (\*)

Name of the Service Provider

Stamp and Signature of the Service Provider

Date:

M M Y Y Y

(\*Note - please delete paragraph if not applicable as an individual service provider)

Documents to be submitted along with Due diligence empanelment form:

- 1. Copy of PAN card;
- 2. Address proof (latest telephone/mobile bill, electricity bill, gas bill, passport or ration card);
- 3. Two recent passport size photographs (in addition to one affixed on application form);
- 4. Latest IT return/Form 16;
- 5. Bank statement for last 6 months;
- 6. Enrolment letter, if enrolled with other Bank/FI for similar services;
- 7. In case of firm / Company: Registration certificate of firm & Partnership deed/ Articles of Association of the Company and incorporation certificate

	Due Diligence for Empanelment of New Service provider				
	PARAMETERS		DETAILS OF VENDOR		
1	Name of the Service Provider				
2	Father's/Husband's name (For Sole Proprietorship or Individual DMA/ DSA/ Individual vendor)				Affix a
3	Date of Birth/Incorporation (DD/MM/YYYY)				photograph here
4	Present Occupation (For Sole Proprietorship or Individual /DSA				
5	Languages Known (For Sole Proprietorship or Individual DMA/DSA				
	Contact Details: · Office Telephone · Email id of the Service Provider				
	Bank Account details: •Account number •Type of account •Name of Branch •Address of Branch				
	Type of Entity (Please tick at relevant option)				
9	Names, address and contact nos (Mobile numbers & Residence) of proprietor/ partners/directors:				
10	Educational background of the proprietor/ partners/ directors (documents to be obtained				
11	Number of years the service provider is in operation (Experience)				
12	List of other HFCs/Banks to whom services provided and the type of services provided	HFC/Bank	Location	Serv	vices Provided
13	Market Feedback on the Service provider				
14	Is any training imparted to the employees of the Service Provider? Yes / No (If yes, please attach the sheet, emails)	Yes			
15	If the answer to the above question is a "No", what other arrangements are made by the service provider in this respect	No			
16	If the reply is YES to the above question, pls detail out the training process imparted by the Service Provider to its employees.	Yes N	0		

17	The financial strength of the service provider is (tick the correct option)	Excellent Good Poor
18	Data Security requirements: ·Whether data sharing is only through SFTP mode (secure mode) ·Dependence on the system/ application provided by the service provider for processing our Company's data/ processes or Compatibility of service provider's system with that of the Company	
19	Whether the service provider is a subsidiary of the Company and whether it is owned or controlled by any director or officer / employee of the Company or their relatives having the same meaning as assigned under Section 2(77) of the Companies Act 2013. If yes, then data in KMP to be checked.	Please obtain self-declaration from the service provider. (Format is given below the annexure)
20	Is there any outstanding litigation or any criminal conviction against the service provider in the past?	
21	Whether the service provider involved in the activity, is servicing many HFC's in the industry	(If answer is "Yes", please provide controls to be executed to limit/mitigate "single_ service provider" risks)
22	Whether the Service provider is having proper BCP in place?	If answer is "No", please provide controls as to how the back-up would be ensured)
23	Due Diligence of employees: Whether service provider has executed due diligence of it's employees.	
24	<u>KYC Documents:</u> Address proof (indicate details of documents obtained of the entity/ individual as well as proprietor, partners and directors as per entity category)	
[	Approved by	Signature of the approver:

	<b>Approved by</b> (Subgroup / unit / function head not below the rank of Senior	Signature of the approver:
		Name of the approver:
		Employee ID of the approver:
	Manager/Zonal Manager	Designation of the approver

	LIST OF DOCUMENTS TO BE SUBMITTED FOR KYC COMPLIANCE					
SR.	CATEGORY	LIST OF DOCUMENTS				
1	Individuals Legal name and any other names used	Identification (any one 1 to 5) 1.Passport 2. Aadhar Card 3. Voter's identity card 4.Driving license 5.Employee identity card (subject to the company's satisfaction) 6.PAN Card (Mandatory)	Correct permanent address (any one) (any one 1 to 5) 1. Latest utility bill 2. Latest bank account statement 3. ration card 4. Original letter from employer 5. Registered rent agreement 6. Any other address proof (subject to the satisfaction of ICICI Home Finance Company)			
2	Partnership Firms	<ol> <li>Registration Certificate; and</li> <li>Partnership deed; and</li> <li>Permanent Account Number (PAN); and</li> <li>Latest bank account statement in the name of Partnership Firm.</li> <li>Resolution granting authority to partner(s) or employee(s) of the firm to enter into transactions/agreements on its behalf and their names and specimen signature(s); and</li> <li>KYC compliance of the partners, beneficial owners, employees and persons as per the resolution.</li> </ol>				
3	Trusts & Institutions	<ol> <li>Certificate of Registration;</li> <li>Trust Deed; and</li> <li>Permanent Account Number (PAN) or Form 60 of Trust; and</li> <li>Latest bank account statement in the name of the Trust; and</li> <li>Resolution by the Trustees or Managing Committee in favour of the office bearers of the Trust/Institution to transact on its behalf, their names and specimen signature(s); and</li> <li>KYC compliance of the trustees, settlers, beneficiaries, beneficial owners, authorised signatories as per the resolution.</li> </ol>				
4	Hindu Undivided Family	<ol> <li>Deed of declaration of HUF &amp; List of coparceners and their specimen signatures alongwith photographs and PAN; and</li> <li>Permanent Account Number (PAN) of HUF; and</li> <li>Latest bank account statement in the name of HUF; and</li> <li>KYC compliance of the Karta of HUF including PAN and Photogarh</li> </ol>				
5	Society	<ol> <li>Registration Certificate; and</li> <li>Society Rules and Bye-Laws certified by the Chairman/Secretary; and</li> <li>Permanent Account Number (PAN) or Form 60 of Society; and</li> <li>Latest bank account statement in the name of Society; and</li> <li>List of Managing Committee members; and</li> <li>Resolution in favour of persons authorised to act as authorised signatories; and</li> <li>KYC compliance of beneficial owners, authorised signatories.</li> </ol>				
6	Unincorporated Association or Body of Individuals or other Juridical person	<ol> <li>Permanent Account Number (PAN) or Form 60 of Unincorporated Association or body of individuals or other Juridical Person; and</li> <li>Latest bank account statement in the name of AOP/BOI/Juridical person; and</li> <li>Resolution granting authority to the managing body to transact business on its behalf, their names and specimen signature(s); and</li> <li>KYC compliance of the beneficiaries, beneficial owners and those holding authority to carry out transaction.</li> </ol>				
7	Proprietary Concern	<ol> <li>KYC compliance of the proprietor; and         <ul> <li>In addition to the above, any two of the following documents in the name of Proprietary Concern:</li> <li>a) Registration Certificate; or</li> <li>b) Certificate/License issued by Municipal Authorities under Shops and Establishment Act; or</li> <li>c) Sales and Income Tax returns; or</li> <li>d) CST/VAT/GST certificate (provisional/final); or</li> <li>e) Certificate/registration document issued by Sales Tax/Service Tax/Professional Tax authorities; or</li> <li>f) IEC (Importer Exporter Code) issued by the office of DGFT or Licence/certificate of practice issued by any professional body incorporated under a statute; or</li> <li>g) Complete Income Tax Return in the name of the sole proprietor where the firm's income is reflected, duly authenticated/ acknowledged by the Income Tax authorities; or</li> <li>h) Utility bills such as electricity, water, landline telephone bills.</li> </ul> </li> </ol>				