

## REQUEST FOR CHANGE IN LINKED ACCOUNT FOR HiSAVE SAVINGS ACCOUNT

• Kindly fill up the form in English only. • Any overwriting or alteration should be countersigned (full signature only). • Please complete this form in full using BLACK ink, BLOCK CAPITALS and tick wherever appropriate. • All fields are mandatory

 Service Request No. 

 Created On:      

(For Bank use only)

I/We wish to change my/our Linked Account for my/our HiSAVE Savings Account held with ICICI Bank Limited, Singapore branch ("Bank"). Please revise my/our details as follows:

### Account Holder Details

#### 1. Name

 Primary Applicant     
 Mr./Ms./Mrs./Dr (Name) (Middle Name) (Last Name)

 Joint Applicant     
 Mr./Ms./Mrs./Dr (Name) (Middle Name) (Last Name)

#### 2. Customer ID (For Existing HiSAVE Customer):

 Primary Applicant: 

 Joint Applicant: 

#### 3. HiSAVE Savings Account No.:

#### 4. Existing Linked Account

 Linked Account No: 

 Linked Account Bank code: 

 Linked Account Branch code: 

#### 5. New Linked Account

 • New Linked Account No: 

 • New Linked Account Bank code: 

 • New Linked Account Branch code: 

Linked Account : Linked Account is your bank account in SGD with any local or qualified full banks in Singapore, which is linked with your HiSAVE Account.

#### 6. Cheque Details

 • Cheque No.: 

 • Amount: 

 • Cheque Dated: 

#### Note:

- Please enclose a cheque of minimum SGD 1 from new linked account payable to "Your Name". (eg: Payable to: ABC XYZ)
- Cheque should be from your personal account held in local or qualified full bank in Singapore. Likewise, for a joint account, cheque should be from a joint account held in a local or qualified full bank in Singapore. Please ensure that the signature on the cheque corresponds with your signature existing in our records.

#### 7. Registered Email ID

 Primary Applicant: 

 Joint Applicant:

**DECLARATION**

I/We hereby declare that the details given above by me/us are true, correct and not misleading. I/We understand and agree that my/our submission of this request form and its receipt by the Bank acts as an instruction to the Bank but does not mean that the Bank has approved this request or is bound to abide by my/our instruction(s). I/We understand and agree that the approval of my/our request is at the Bank's discretion and that the Bank is entitled to decline my/our instruction without furnishing any reason. I/We understand and agree that the Bank may contact me/us and request for further information or documents for the purpose of this request and for verification.

I/We confirm that I/We have been informed of the prevailing rate applicable for deposits placed with the Bank (including a HISAVE Term Deposit) and in case of premature withdrawal by me/us such rates may be applied by the Bank as applicable, at its sole discretion, to arrive at the premature withdrawal amount due to me/us.

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Signature of Primary Applicant

Date: 

Place: \_\_\_\_\_

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Signature of Joint Applicant

Date: 

Place: \_\_\_\_\_