



ICICI BANK TAG CLOSURE FORM

Application Number :	C
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DSA/DSE No.:

Employee Code :

*Type of Account: ☐ Corporate ☐ Proprietor/Partner ☐ Individual

Date:

D	D

M	M

V	V	V	V

CUSTOMER DETAILS

*Customer Name:

Type of Entity: Public Ltd ☐ Private Ltd ☐ Partnership ☐ Proprietorship ☐

*ICICI Bank Tag Customer ID: | | | | | | | |

VEHICLE DETAILS

(For which you want to close the tag accounts)

Do you wish to close all tag accounts linked to your customer ID? ☐ Yes ☐ No

If not mention the vehicle registration numbers/Tag numbers:

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

6. _____ 7. _____ 8. _____ 9. _____ 10. _____

11. _____ 12. _____ 13. _____ 14. _____ 15. _____

BANK ACCOUNT DETAILS

Please mention the details of the bank account where the balance proceeds needs to be credited post tag account closure and enclose a cancelled cheque. The account should be in the name of the customer and the cheque should mention customer's name.

(Tag Account balance will be credited to this account post tag account closure)

Bank Account Name: _____

Account No.:

Bank and Branch: _____

IFSC Code:

[illegible]

(Please enclose a canceled cheque)

TAG ACCOUNT CLOSURE REQUEST RECEIPT

The Tag account will be closed and the remaining balance (post verification and adjustment of any pending settlement or charges) if any, will be credited to customer's bank A/c within 21 days from the date of refund request.

Customer Name:

ICICI Bank Tag Customer ID: | | | | | | | |

Bank Account Name: _____

Bank Account number:
(for credit of the balance amount)

Point of Sale (POS) kiosk name: _____

Location: _____

Employee name and signature:

Date:

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D D M M Y Y Y Y

Stamp of POS agency with date:

- ICICI Bank Tags are issued by ICICI Bank Ltd.
*Terms and conditions apply
- Point of Sale (POS) are collecting Fee(s) from customers on behalf of ICICI Bank Ltd.

Customer Care: 1860 267 0104

CUSTOMER DECLARATION

I declare, confirm, and agree that:

1. All the particulars and information given in this form (and all documents referred or provided therewith) are true, correct, complete and up-to-date in all respects and I have not withheld any information. I agree and undertake to provide any further information that ICICI Bank/its Group Companies may require from time to time. I authorize ICICI Bank/its Group Companies or their agents to make references and enquires which ICICI Bank/its Group Companies consider necessary in respect of or in relation to information in this form.

2. To inform ICICI Bank and its Group Companies immediately regarding any change in any of the information provided by me in this form and to provide any further information that ICICI Bank and its Group Companies may require from time to time.

3. I authorize ICICI Bank unconditionally and irrevocably to debit the relevant pending transaction amount or any pending charges applicable to the ICICI Bank Tag (as mentioned in the "Terms and Conditions", "Schedule of Charges" and "Product Leaflet") from the funds available in my ICICI Bank Tag Account before refunding the balance amount.

I/we would like to close my ICICI Bank Tag accounts and surrender the tags associated with the vehicles mentioned above.

[illegible]

I have enclosed a cancelled cheque of the account mentioned above.

Signature of Authorised Signatory/Individual Customer

Date:

D	D

M	M

Y	Y	Y	Y

Place: _____