

Branch Name: _____

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APPLICATION FOR UPDATING GSTIN/UIN/SEZ NUMBER

(Please fill in BLOCK LETTERS, Fields with * (asterisk) are mandatory)

This form is applicable only for Non Related Party##

Applicant Details:Cust ID: _____ *Account No. / Loan Account No.

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*Customer Name: _____

*PAN details:

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 (PAN is mandatory for GSTIN updation)*Are you exempted from GST ? - Yes No*Customer Category: General# Others# Embassy\$ Government Department\$ SEZ^

#Non exempted category

\$ For Embassy and Government Department, tUnique Identification Number (UIN) is applicable

^ SEZ - SEZ Number is applicable

***Customer Declaration:**

I/We, _____, request you to update the below mentioned GSTIN/UIN/ SEZ Number details for my / our account/s mentioned below:

Please provide Statewise details below : (All fields are mandatory)

S.No.	GSTIN/UIN/SEZ Number	Name of the State**	Address as per GSTIN/UIN/SEZ Number Records	Account No. / Loan Account No.	GST Exempt (Yes/No)	Default GSTIN /UIN/SEZ Number***
1						<input type="checkbox"/>
2						<input type="checkbox"/>
3						<input type="checkbox"/>

** Name of the State where GSTIN/UIN/SEZ Number is registered

*** Only one can be selected as default. If more than one option is ticked, the first tick will be set as default. Similarly, if no option is selected then the first GSTIN will be set as default

Category of Related Party like Subsidiary / employees as per Company Act / Group Company

Customer signature & Stamp (wherever applicable) is required on both pages

S.No.	GSTIN/UIN/SEZ Number	Name of the State**	Address as per GSTIN/UIN/SEZ Number Records	Account No. / Loan Account No.	GST Exempt (Yes/No)	Default GSTIN /UIN/SEZ Number***
4						<input type="checkbox"/>
5						<input type="checkbox"/>
6						<input type="checkbox"/>

** Name of the State where GSTIN/UIN/SEZ Number is registered

*** Only one can be selected as default

Note - For registration of more than six GSTIN nos. under same Cust ID, provide additional Annexure in table format

I/We hereby understand and agree that :

- Above given information of GSTIN/UIN/SEZ Number with respect to the number and billing address is correct and Bank can update the same in its records
- In case PAN is not updated for my account/s, please update the same as mentioned above

I/We are exempt from GST (Applicable to SEZ category only)

Customer Signature(s) & Stamp (Stamp wherever applicable)

Name of Authorised Signatory Name of Authorised Signatory Name of Authorised Signatory

(Branch Use Only)

Declaration by Branch Official – I confirm:

The details provided in the request form match with the PAN & GSTIN/UIN/SEZ Number registration copy

Cust ID / Account No. / Loan Account No.: _____

SOL ID: _____

Staff Name & Employee ID: _____

Signature of Bank Official: _____

Acknowledgement Slip (To be filled in by the Bank Staff)

Date: ____ / ____ / ____

We have recorded your request for updating GSTIN/UIN/SEZ Number and PAN (Wherever applicable) details for Cust ID /

Account No. / Loan Account No. : _____

Customer Name : _____

ICICI Bank (Branch Name): _____

Signature of Bank Official: _____

