

Complaint Form

Account type						
Savings	Current 🗆	Credit card □	Loan 🗆	Demat □		
Account details						
Account no.						
DP ID	IN					
(for demat account holders)						
	FIRST NAME			MIDDLE NAME		LAST NAME
Customer's name						
Address						
CITY PIN CODE						
TEL NO. MOBILE NO.						
TEL NO.			WIODILE NO.			
E-mail						
SR no.:						
Detailed description of problem						
					Date	
CUST	TOMER'S SIGNATUR	 E			D D M M Y	YYY

Please submit the duly filled and signed form to Mr. Phani Kumar Thota, ICICI Bank Ltd., Phone Banking Center, ICICI Bank Tower, Financial District, Gachibowli, Hyderabad 500032. We will revert to you within 4 business days of the form reaching the bank.