

**Grievance Form****Account type**Home Loan Fixed Deposits Others **Account details**Fixed Deposit Account No. Home Loan Account No. Others **Customer's Details**

Customer's Name

First Name  Middle Name

Last Name

**Address**  
CITY PIN CODE STATE COUNTRY NAME TEL NO. (OFFICE) MOBILE TEL NO. (RESIDENCE) EMAIL ID SR no.: **Detailed description of complaint**\_\_\_\_\_  
CUSTOMER'S SIGNATUREDate 

Please send this form, completely filled and signed to Anirudh Kamani, MD & CEO, ICICI Home Finance Co. Ltd., Fourth Floor, RAPG Tower, Opp. J.B. Nagar Metro Station, Andheri (East), Mumbai – 400059

You will receive a reply within 10 working days post receipt of your grievance form.