

COMMON INSTRUCTION FORM

CITIBANK N.A

ADDRESS CHANGE REQUEST

Base No <input style="width: 150px;" type="text"/>	Rupee Checking Account Number (NRE/NRO) <input style="width: 150px;" type="text"/>	Date: <input style="width: 150px;" type="text"/>
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	Holder 1	Holder 2	Holder 3
Customer Name	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>	<input style="width: 100%; height: 40px;" type="text"/>
Occupation	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Country of Residence	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

(One address must be an Overseas Address)

Communication Address <small>(Please fill in CAPITAL LETTERS. Please include Pincode/Zip code)</small>	<input style="width: 100%; height: 100%;" type="text"/>
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Permanent Address <small>(Please fill in CAPITAL LETTERS. Please include Pincode/Zip code)</small>	<input style="width: 100%; height: 100%;" type="text"/>
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- In case if you have filled both the above addressess as India Address then pls tick here to confirm that you have relocated to India permanently
- If any of the above address is a US address - please submit a W9 form if you are a US customer. If you are not a US customer please provide a W8 Ben Form

	Holder 1	Holder 2	Holder 3
<small>(Include country codes)</small> Office Telephone 1	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Office Telephone 2	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Residence Telephone 1	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Residence Telephone 2	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Mobile number <small>(only one number per holder)</small>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Fax number	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
PAN NO. UPDATION <small>(Pan Card copy/ Form 60 to be attached)</small>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Email ID	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
Date of Birth (Id proof required)	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

Please ensure that all the relevant details in the form, with the exception of the fields that are designated "For Bank Use Only", are duly completed (or struck out, if not applicable) prior to affixing your signature to this form.

Customer Name / Signature	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>
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- The above details will be updated on all your linked accounts
- All communication will be sent to the primary holder's mailing address



SERVICE REQUEST

(Please tick the appropriate box below based on your requirement)

1.CHEQUE BOOK ISSUANCE	<input type="checkbox"/> 25 leaves	<input type="checkbox"/> 50 leaves	<input type="checkbox"/> 100 leaves
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2.ATM / DEBIT Card	Holder 1	Holder 2	Holder 3

For Preferred Rupee Checking Account Customers Only:	<input type="checkbox"/> Please block the existing ATM/ Debit Card on my account and issue a new MCU (MasterCard) Platinum ATM/ Debit Card
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3.ATM PIN/ INTERNET PIN/ TPIN (Please check appropriate box)	ATM PIN <input type="checkbox"/>	ATM PIN <input type="checkbox"/>	ATM PIN <input type="checkbox"/>
	INTERNET PIN <input type="checkbox"/>	INTERNET PIN <input type="checkbox"/>	INTERNET PIN <input type="checkbox"/>
	TPIN <input type="checkbox"/>	TPIN <input type="checkbox"/>	TPIN <input type="checkbox"/>

ADDRESS WHERE THE ATM CARD /ATM PIN/INTERNET PIN HAVE TO BE DESPATCHED. (Please tick appropriately)	Mailing address <input type="checkbox"/>	Mailing address <input type="checkbox"/>	Mailing address <input type="checkbox"/>
	Permanent Address <input type="checkbox"/>	Permanent Address <input type="checkbox"/>	Permanent Address <input type="checkbox"/>
	India / Overseas Branch <input type="checkbox"/>	India / Overseas Branch <input type="checkbox"/>	India / Overseas Branch <input type="checkbox"/>
	Name of the branch	Name of the branch	Name of the branch

4.ONLINE SECURITY DEVICE (OSD)		
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5.LINKING OF ACCOUNTS **Please link the following accounts** (Primary holders of all the below mentioned accounts must sign on this instruction)

Account nos to be linked (Base / NRE / NRO)	1. _____ 2. _____ 3. _____ 4. _____ 5. _____
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Customer Name / Signature		
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The signature provided above should match with the bank's records. In case of a mismatch please provide a signature change request form

For Office use only (Linking instruction) :

- All primary holders have signed the instruction
- Mailing address matches on all the accounts mentioned above to be linked

' OK TO LINK ' **RM NAME** _____ **SIGN** _____
 (INDEPENDENT RM)

UNIT HEAD NAME _____ **SIGN** _____

