



Citibank® NRI Banking

Annexure 1

Please fill in this section in case your permanent address has changed

Permanent Address:

City

State

Country ZIP

Please fill in this section in case your permanent address has changed

Permanent Address:

City

State

Country ZIP

PRIMARY APPLICANT SIGNATURE

SIGN
HERE

JOINT APPLICANT SIGNATURE

SIGN
HERE

Annexure 2

Please fill in this section in case your employment details have changed

EMPLOYMENT DETAILS:

Salaried: Private Sector Public Sector Government Sector

Employer:

Designation:

Self-Employed: CA/CS/CWA Lawyer Doctor
(Please choose one)

Engineer Architect/Interior Designer Consultant

Other (Please specify)

Business Owner

Name of Business:

Nature of Business:

Others (Please choose one below)

Retired Homemaker
(Please specify name of spouse)

Student
(Please specify name of guardian/person providing income for the household)

Not Categorized

Please fill in this section in case your employment details have changed

EMPLOYMENT DETAILS:

Salaried: Private Sector Public Sector Government Sector

Employer:

Designation:

Self-Employed: CA/CS/CWA Lawyer Doctor
(Please choose one)

Engineer Architect/Interior Designer Consultant

Other (Please specify)

Business Owner

Name of Business:

Nature of Business:

Others (Please choose one below)

Retired Homemaker
(Please specify name of spouse)

Student
(Please specify name of guardian/person providing income for the household)

Not Categorized

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Annexure 3

Please fill in this section in case the source of funds and expected transaction details on your account will change post conversion to NRO

	Total Amount of Deposits expected in a Month (INR)			
	< INR 450,000	INR 450,000 - INR 1,000,000	INR 1,000,001 - INR 5,000,000	> INR 5,000,000
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total Number of Deposits expected in a Month			
	<10	10-25	26-50	>50
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Total Amount of Withdrawals expected in a Month (INR)			
	< INR 450,000	INR 450,000 - INR 1,000,000	INR 1,000,001 - INR 5,000,000	> INR 5,000,000
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Total Number of Withdrawals expected in a Month			
	<10	10-25	26-50	>50
Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Checks/Drafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funds Transfer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate the source of funds

Salary Business Income Inheritance Investments Savings Sale of Property Others (please specify) _____

PRIMARY APPLICANT SIGNATURE

Signature box for Primary Applicant with a left-pointing arrow and the text "SIGNATURE" written vertically on the right side.

JOINT APPLICANT SIGNATURE

Signature box for Joint Applicant with a left-pointing arrow and the text "SIGNATURE" written vertically on the right side.

Annexure 4

Please fill in this section if any of the below has changed from your declaration as maintained on the domestic account

Form fields for Annexure 4 Primary Applicant: Annual Income (INR), Source of Wealth, Years in Foreign Country, and average account balance (INR).

Please fill in this section if any of the below has changed from your declaration as maintained on the domestic account

Form fields for Annexure 4 Joint Applicant: Annual Income (INR), Source of Wealth, Years in Foreign Country, and average account balance (INR).

PRIMARY APPLICANT SIGNATURE

Signature box for Primary Applicant with a left-pointing arrow and the text "SIGNATURE" written vertically on the right side.

JOINT APPLICANT SIGNATURE

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Annexure 5

NOMINATION FORM (FORM DA1)

Nomination under Section 45 ZA of the Banking Regulations Act, 1949, and Rule 2(1) of the Banking Companies (Nomination) Rule, 1985 in respect of bank accounts.

The Nominee or Guardian (if applicable) cannot be either the Primary Applicant or the Joint Applicant.

Yes, I want to nominate the following person to whom in the event of my/our/minor's death the amount of deposit in the account may be returned by Citibank, N.A., India.

Form fields for Nominee Name, Address, City, State, Country, Age, and Date of Birth.

Would you like the nominee name to be mentioned on your monthly statement? Yes No

If the nominee is a minor, please complete this section. As the nominee is a minor on this date, I/We appoint:

Form fields for Guardian Name, Address, City, State, Country, and ZIP.

to receive the amount of deposits in the account on behalf of the nominee in the event of my/our/minor's death during the minority of the nominee.

No, I do not want to nominate any one on my behalf right now.

I/We do hereby declare what is stated above is true to the best of my knowledge and belief.

Date and Place fields.

PRIMARY APPLICANT SIGNATURE

Signature box for Primary Applicant with a left-pointing arrow and the text "SIGNATURE" written vertically on the right side.

WITNESS 1

Signature box for Witness 1 with a left-pointing arrow and the text "SIGNATURE" written vertically on the right side.

Required only if applicants use thumb impressions.

JOINT APPLICANT SIGNATURE

Signature box for Joint Applicant with a left-pointing arrow and the text "SIGNATURE" written vertically on the right side.

WITNESS 2

Signature box for Witness 2 with a left-pointing arrow and the text "SIGNATURE" written vertically on the right side.

Required only if applicants use thumb impressions.

Annexure 6

Please fill in this section if you wish to open an NRE account with the same holding pattern as your current domestic account

Please open an NRE account with details as present on my current account and as per shared details

Account type: Savings Account Current Account

Maiden Name (if any):

Spouse Name:

Father's Name:

Mother's Name:

KYC Number (if available):

Marital Status:

EMPLOYMENT DETAILS:

Salaried: Private Sector Public Sector Government Sector

Employer:

Designation:

Self-Employed: CA/CS/CWA Lawyer Doctor
(Please choose one)

Engineer Architect/Interior Designer Consultant

Other (Please specify)

Business Owner

Name of Business:

Nature of Business:

Others (Please choose one below)

Retired Homemaker
(Please specify name of spouse)

Student
(Please specify name of guardian/person providing income for the household)

Not Categorized

DEBIT CARDS:

Would you like Debit Cards to be issued to the Primary Applicant and the Joint Applicant?

Primary Applicant Yes No Joint Applicant Yes No

Please Note: Without a Debit Card, you will not be able to access your account at ATMs or for Internet Banking facilities.

If you have selected "Yes" above, do you need International transactions enabled on your Debit Card for your NRE Account?

Primary Applicant Yes No Joint Applicant Yes No

Please Note: If you have not selected "Yes" above, you will not be able to access your Debit Card at ATMs or point of sale purchases or online purchases outside India.

Name as you would like on the Debit Card (In case your name exceeds 21 characters, please use initials):

Primary Applicant

Joint Applicant

If you have chosen a Debit Card, you can also select daily spend limits across each of the channels mentioned below:

Maximum Daily Limit in INR (This is also the default limit)	Transaction Channel	Limit Requested in INR (Primary Applicant)	Limit Requested in INR (Joint Applicant)
Citigold : 150,000	Consolidated Limit across all channels		
Preferred : 125,000	ATM		
Regular : 75,000	Point of Sale Terminals & Online		

PRIMARY APPLICANT SIGNATURE

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JOINT APPLICANT SIGNATURE

SIGN
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Annexure 7

Please fill in this section in case of name change:

Prefix:

First Name:

Middle Name:

Last Name:

Name should match the name as per passport.

PRIMARY APPLICANT SIGNATURE

SIGN
HERE

Please fill in this section in case of name change:

Prefix:

First Name:

Middle Name:

Last Name:

Name should match the name as per passport.

JOINT APPLICANT SIGNATURE

SIGN
HERE