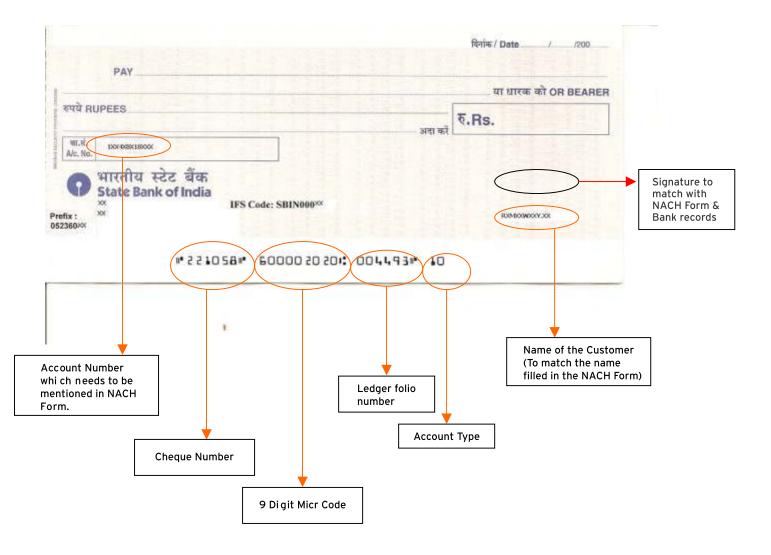
(registration numb services, branches temporarily and Ci	ber L65110GJ1993PLC020769 s, ATMs, internet banking and iti India is providing certain ser	served by Axis Bank. Citi India has tr effective 1 st March, 2023. Consumer ba Citi Mobile [®] App as usual. Axis Bank ces in respect of those products. The t orarily under license by Axis Bank from	nking customers can con is the provider of Citi b rademarks "Citi", "Citibar	tinue to use all exis randed consumer b hk", "Citigroup", the	sting Citi products and/c banking products in Indi		
		NACH FORM - CR	EDIT CARDS				
	NS TO FILL THE BELOW						
	mount of Rupees" field, nce 1, please specify th	lease enter your <u>"current cre</u> credit card number	<u>dit limit</u> "				
		both the forms are mandato	ry).				
FORM 1		JMRN			DATE		
TICK(√)	Sponsor Bank Code: CITI0000004 Utility Code: CITI00368000023446						
CREATE MODIFY	I/We hereby auth	I/We hereby authorize Citibank N.A. to debit (tick√) SB/CA/CC/SB-NRE/SB-NRO/OTHER					
CANCEL	Bank a/c Number						
With Bank		IFSC		or MI	ICR		
*an amount o	of Rupees						
FREQUENCY	Mthly Qtly	H-Yrly Yrly	As & when presented	DEBIT TYPE	FIXED Amt	MAX Amt	
*Reference 1				Phone No.			
Reference 2				Email ID			
	ebit of mandate processing ch	ges by the bank whom I am authorizin	a to debit my account as r		of charges of the bank.		
From		Signature Primary Account holder	Signature of Ac	count holder	Signature of Acco	ount holder	
To Mari	imum period of validity of	Name as in bank records	2. Name as in ba	ank records	3. Name as in ban	k records	
	mandate is 40 years only	, understood & made by me/us. I am authorizing		(to dobit my account bar	and on the instructions as agree	od and signed by me	
I have understood th	hat I am authorized to cancel/amend th	mandate by appropriately communicating the c	ancellation/amendment reques	t to the User Entity/corpo	prate or the bank where I have a	uthorized the debit.	
Payments Corporation of India and hereby unconditionally and irrevo I/We hereby declare that the particulars given above are correct and c		rrect and complete. If the transaction is delaye s and conditions(as available in www.citibank. Maximum validity	Cocably authorise Citibank N.A to raise the debits on such regular payments as complete. If the transaction is delayed or not effected at all for the reasons of i ditions(as available in www.citibank.co.in) as are applicable for availing of this Maximum validity period of 40 years		referred above, against my/our above mentioned Bank Account. ncomplete or incorrect information, I/we would not hold Citibank		
(Please√as appropriate)		(Please√as	appropriate)	(Note: Pleas	se mention amount, if fixed a	amount is chosen)	
Signature Primary Account holder		Signature of	Signature of Account holder		Signature of Account holder		
1. <u>Na</u>	ame as in bank records	2. Name as in	bank records	3	Name as in bank reco	rds	
FORM 2							
	UMRN			DATE		citi	
TICK(√)	Sponsor Bank Co	e: CITI0000004	Utility	Code: CIT	10036800002344	6	
CREATE	I/We hereby authorize Citibank N.A. to debit (tick√) SB/CA/CC/SB-NRE/SB-NRO/OTHER						
MODIFY	Bank a/c Number						
CANCEL							
With Bank		IFSC		or MI			
* an amount o	of Rupees				₹		
FREQUENCY	Mthly Qtly	H-Yrly Yrly	As & when presented	DEBIT TYPE	FIXED Amt	MAX Amt	
*Reference 1				Phone No.			
Reference 2 Email ID							
l agree for the debit of mandate processing charges by the bank whom I am authorizing to debit my account as per latest schedule of charges of the bank.							
PERIOD From							
То	Signature Primary Account holder Signature of Account h						
Or Maxi	imum period of validity of mandate is 40 years only at the declaration has been carefully re	Name as in bank records					

This is to confirm that the declaration has been carefully read, understood & made by me/us. I am authorizing the User entity/Corporate/Bank to debit my account, based on the instructions as agreed and signed by me. I have understood that I am authorized to cancel/amend this mandate by appropriately communicating the cancellation/amendment request to the User Entity/Corporate or the bank where I have authorized the debit.



<u>Note:</u> In case of Joint accounts where the mode of operation states that the account should be jointly operated by the account holders, the NACH mandate form too will have to be signed by all the joint holders.