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		Acc	ount A	Activ	ation	Fo	rm									
Dormancy Activation:																
Please provide all account numbers wish dormancy to be removed. I hereby enclose the below documents  1. Provide Mandatory document (ID Provide Mandatory General Sentence) Valid Driving License  2a.Mandatory Fund Transfer Request I will initiate a Inward Fund Transfer I authorize Citibank to contact me OR  2b.Mandatory Fund Transfer Request Please arrange to debit my account as	oof) any one Il update our st (Inward Ti er to activate on my regis	system reco ransfer) : e my accou stered cont Transfer) :	rds with th int within act detai	10 day						Citibank.				fo	r whic	h you
Type of transfer: ☐ Demand Draft ☐ RTGS ☐ NEFT ☐ Account to Account Transfer ☐ Foreign Currency Telegraphic Transfer (FCTT)										ГТ)						
Currency of transfer:   INR   USD   EURO   GBP   SGD   CAD   AUD																
I authorize Citibank to contact me on my registered contact details for processing my instruction																
Details of Recipient (Beneficiary)																
Beneficiary Name :																
Account Number :																Ť
Reconfirm Account Number:																
Bank Name :																
Bank City & Branch:																
Purpose of Fund transfer :																
For RTGS & NEFT Transfers : IFSC Code :																
For Telegraphic Transfers: SWIFT Code:																
For Drafts: Location to be drawn on :																
For Drafts/CAD FCTT: Address:													Ì			İ
Amount in figures: Amount in words:																
Removal Instruction for Where about (	Jnknown St	tatus														
I understand my account number blocked as mail sent to me by the bank ha I hereby confirm my account address		turned und		cur	rent ad			arlier ar	e corr	ect please	norm	aliza	my a			s been
OR  My address & contact details are char	nged please	update th						arner ar	c com	cer picus	. 110111	IdiiZC	iiiy c	iccou	1110	
Contact Details																
☐ Please update my/our contact deta	ils (Please j	orovide pr	oof <sup>^</sup> in ca	se of o	hange	of ad	dress	s)								
Mailing Address:																
										ZIP/PII	V Code	:				
Phone (Home) (Country code):					Phone (	Work	) (Co	untry co	ode):							
Phone (Mobile) (Country code): Email:																
Country of Residence: If Country of Residence in US, please complete Form W9 for each account holder.																
I am submitting an address proof^ for m	ny permane	nt residen	tial addr	ess as	I do no	t have	e an a	address	proof	for the a	bove r	nenti	oned	l mai	ing a	ddress
in my name due to																
My Permanent residential address is:																
										7ID/DII	VI Code					

## **DECLARATION**

I/We hereby declare that all the details provided in this form are true and correct and supported by valid documents enclosed with this form. I/We agree to indemnify and keep Citibank indemnified from any loss, damage, claim, action, costs, charges and expenses which Citibank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration. I/We understand that address change requests are processed at account holder level. Accordingly, my new address shall be updated across all the linked accounts held with the bank where I am an account holder.

I/We understand and agree that the mailing address can be changed only by the primary account holder of this account and the same address shall apply for all linked accounts where he/she is the primary account holder. Please note that change in address must be signed by the Primary account holder.

## DECL'ARATION FOR MOBILE NUMBER AND EMAIL ADDRESS-CHANGES (if applicable):

I/We confirm that the mobile number and email address provided in this form are mine/ours and not in use by anyone else. I/We will promptly inform the bank if and when my/our mobile phone or email address changes.

PRIMARY APPLICANT SIGNATURE	JOINT APPLICANT SIGNATURE
S-GZ HERE	
Name:	Name:

Mail to: Citibank N.A., Mail Room, ACROPOLIS, 9th Floor, New Door No.148 (Old No.68), Dr. Radhakrishnan Salai, Mylapore, Chennai - 600 004.