24-Hour CitiPhone Banking T: +65 6224 5757 F: +65 6632 4759 www.ipb.citibank.com.sg



## CHANGE OF ADDRESS AND CONTACT DETAILS FORM

Name (as it appears or	n account):			
Effective date of chang	e:	(mm/dd/yy	) Account/ Relation	nship number:
Please update:				
All my Citibank Accounts/Relationships			All my Credit Card A	Accounts Only
All my Banking and Investment Accounts Only E			Others:	
New Mailing Address Update*				
Country: Postal Code:				
Country: Postal Code: Country of Residence & Current Residential Address* (Mandatory to select one of the options below)				
(Residential address is where you are currently residing, and should not be a care-of or P.O. Box address)				
Same as Mailing Address				
Different from Mailing Address, please provide Current Residential Address in space below:				
Country: Postal Code:				
New Contact Number	er Update		New Email U	odate *
	Country Area	Telephone No.	Preferred Email address:	
Home *			_	
Office *				
Primary Mobile *			Alternate Email address:	
Additional No.				
Home Fax *				
Office Fax *				
* The new information provide	ed herewith will replace the	e existing information in the B	ank's record.	
Please ensure that all the re	levant details in the form	n are duly completed (or str	ruck out, if not applicable) r	prior to affixing your signature to this form.
Customer Signature:		Customer Signature:	dek out, il not applicable) p	Customer Signature:
5		-		
×		×		×
Name:		Name:	Name:	
Note on Signature Requirements: For Joint account, please ensure that the form is signed in accordance to the signatory requirements in the Bank's records.				
For Bank Use Only				
Face-To-Face			🗆 Mail / Fax	
Customer Met & ID Sighte		Signature Verified By:		
(Name &			(Name & Initial)	
Independent Verification:			Callback By:	
(CM met/ID sighted, signature witnessed/verified) (Name & Initial)			Date/ Time/ Extn:	

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