



ACCOUNT SERVICES FORM-I (Personal Information Update)

THIS IS A MACHINE READABLE FORM. It should be completed in "ENGLISH CAPITAL" letters.

Date: [D][D]/[M][M]/[Y][Y][Y][Y]

Branch Name: []

Account Number-1: []

Account Number-2: []

Account Title: []

Change/Update Customer Address: Mail to be forwarded to this address: Yes No

Residence Address: []

Permanent Address: []

Office/Business Address: []

Change/Update Contact Number:

Previous Phone Number Residence Office/Business Mobile []

New Phone Number: Residence Office/Business Mobile []

Change/Update E-mail Address: Facilitate E-Statement Enrollment: Yes No

Previous E-mail Address: []

New E-mail Address: []

Change/Correction/Update Customer Other Information:

Father's Name	[]
Mother's Name	[]
Marital Status	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Third Gender
Spouse's Name	[]
Date of Birth	Place of Birth
Country of Birth	Nationality
Resident Status	<input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
Employer Name	[]
Profession	Designation

Change/Update Customer Photo ID:

NID Passport Birth certificate Trade/Driving License: []

Change/Update E-TIN Number:

1. [] 2. []

I/we have authorized the above instructions and agreed to the relevant Terms, Conditions and Clauses of The City Bank Ltd

Signature of 1st Applicant

Note: All joint-account holders are required to sign regardless of mode of operation.

Signature of the Joint Applicant

FOR BRANCH USE ONLY

Please mention here the "secondary CB number(s)" in case of Joint & Non-individual Account: 1 [C][B][] 2 [C][B][]

We the undersigned confirm that all the related document(s) are in order as per CBL Ops Manual/SOP/related circulars and all necessary approval(s) are taken.

Action Taken by CS Official (with seal & sign)

Recommended by BOM/Designated Official (with seal & sign)