



ACCOUNT SERVICES FORM-1 (Personal Information Update)

Date / / Branch Name:

Account Number: Client ID:

Account Title:

Card Number:

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: Male Female Third Gender

Spouse's Name

Date of Birth / Place of Birth

Country of Birth Nationality

Resident Status Resident Non-resident

Employer Name

Profession Designation

Change/Update Customer Photo ID:

NID Passport Birth certificate Trade/Driving License:

Mandate Cancellation Request:

Mandate Name:Mandate CB:

Change/Update E-TIN Number: Proof of Submission of Return Taken: Yes No

Assessment Year :

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

Signature of 1st Applicant Signature Verified Space for continuation of Customer(s) physical presence with Bank Official Sign and Seal Signature Verified Signature of the Joint Applicant

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

FOR BRANCH USE ONLY

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

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 and sign)

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

Approved by BM/Designated Official (with seal and sign)