



Affix Photo

Request ID :A0001645706

**Citibank Cardholder Application Form - Commercial Cards  
(Individually Billed)****Citibank Cardholder Application Form - Commercial Cards  
(Individually Billed)****Citibank Information**

- |    |              |                           |
|----|--------------|---------------------------|
| 1. | Program Name | ROCKWELL AUTOMATION INDPL |
| 2. | Plastic flag | Y                         |

**Cardholder Personal Information**

- |     |                         |   |  |
|-----|-------------------------|---|--|
| 1.  | * Title                 | MR                                      | (e.g. Mr, Mrs or Ms)   |
| 2.  | * First Name            | Bijoy                                   | Please provide your first name as per PAN Card   |
| 3.  | Middle Name             |   | Please provide your middle name as per PAN Card  |
| 4.  | * Last Name             | Karmakar                                | Please provide your last name as per PAN Card  |
| 5.  | * Embossed Name on card | BIJOY KARMAKAR                          | Your name as you would like it to appear on your card - Maximum 19 characters (No special Characters). Please note that your name will appear in upper case on your Corporate Card |
| 6.  | * Gender                | MALE                                    |  |
| 7.  | * Date of Birth         | 18/08/1994                              |  |
| 8.  | Place of Birth          | Cuttack                                 |  |
| 9.  | * Nationality           | INDIAN                                  |  |
| 10. | * Mother's Maiden Name  | Chandrakiran Karmakar                   |  |
| 11. | * Home Address Line 1   | Karmakar House, Alamchand Bazar         |  |
| 12. | Home Address Line 2     | Chandini Chowk, Near - Cooperative Bank |  |
| 13. | Home Address Line 3     |   |  |
| 14. | * Home City             | Cuttack                                 |  |
| 15. | * Home Country          | INDIA                                   |  |
| 16. | * Home Postal Code      | 753002                                  |  |
| 17. | * Home Telephone        | 91-933-705-9611                         | country code(91) - state code(STD Code) - number - extension   |
| 18. | * Mobile Phone          | 91-9853736551                           | Please provide your 10 digit India mobile number.You will be receiving SMS transaction alerts and you will require to get OTP for all online transactions.                         |
| 19. | * Email Address         | Bijoy.Karmakar@rockwellautomation.com   | This will assist Customer Services should we need to contact you urgently regarding your card account  |

**Cardholder Employment Information**

- |    |                           |  |                                |
|----|---------------------------|--|--------------------------------|
| 1. | * Employee ID             | 90708359                               |                                |
| 2. | * Business Address Line 1 | Rockwell Automation India Pvt Ltd      | Please input your Company name |
| 3. | Business Address Line 2   | #11, Global Tech Park B Wing 2nd floor |                                |

4.	Business Address Line 3	O' Shaughnessy Road, Langford Town	
5.	* Business City	Bangalore	
6.	* Business Country	INDIA	
7.	* Business Postal Code	560025	
8.	* Business Telephone	91-120-467-1600	country code(91) - state code(STD Code) - number - extension
9.	Cost Center	92208	Please indicate here your Cost Centre, which will assist with your organisation's reporting purposes.
10.	Cost Center Description	Kalypso	Cost Centre Description
11.	Department name	Digital Business Unit (Lifecycle Services)	
12.	Embossing Company Name		
13.	Reporting Unit	000001001 ROCKWELL AUTOMATION INDPL	In case you are not sure about the Reporting ID, please contact your Program Administrator
14.	* PAN Number	XXXXXX416D	
15.	Deliver Bill To	Business	In case you are receiving a paper statement, it would be send only to your business address.
16.	Deliver Mail To		This will assist Customer Services should we need to contact you in writing regarding your card account. Please note, Citi do not send out direct marketing communications
17.	Deliver PIN To	Business	Please indicate here if you would like us to send your Citi Corporate PIN to your business address or to company Primary PA.
18.	Deliver Card To	Business	Please indicate here if you would like us to send your Citi Corporate Card to your business address or to company Primary PA.
19.	* Statement Option	ONLY ONLINE STATEMENT	

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**Cardholder Limit Details**

1.	Single Transaction Limit		Please indicate here if you wish for the cardholder to have a single transaction limit - this is the maximum amount allowed of any single transaction.
2.	Monthly Credit Limit	350000	This is the monthly spent limit to be applied to the card.
3.	Monthly Cash Limit		Please indicate cash withdrawal limit if you wish the cardholder to be able to withdraw cash (if cash withdrawal is availed for the company).
4.	Cash Replenishment Frequency		If there is no Monthly Cash Limit indicated, please leave blank. Select Weekly/Daily if you wish to further limit cash withdrawal on such frequency. Otherwise, select Monthly.
5.	Cash Replenishment Frequency Amount		Please indicate amount if you have selected Cash Replenishment Frequency as Daily/Weekly/Monthly. This will be the maximum amount cardholder can withdraw in specified period.
6.	Daily Cash Count		Please indicate if you wish to set a daily limit on the number of counts for cash access (if cash access is provided).

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**CITIBANK CARDHOLDER ACCOUNT AGREEMENT**
**Conditions of use (COU)**

I, the cardholder, acknowledge that all information on this application is true and correct. and upon use of my card. I understand that it is my responsibility to notify Citibank immediately if my card is lost or stolen. I acknowledge that my Company will be liable for payment of all transactions made with my card and I consent to the disclosure of information relating to me to the Company. By submitting this application, I authorize you to inform my employer Company whether this application has been denied or approved. I consent to the collection, use and disclosure of my personal data in accordance with the applicable IT law and regulations ("IT Regulations") the manner set out in the Privacy Circular. I further authorize the transfer and disclosure of information relating to me, to the my Company ( including the card Program Administrator), to and between branches, subsidiaries, representative offices, affiliates and agents of Citibank and third parties selected by any of them, wherever situated, for confidential use (including for use in connection with the provision of credit card services). Additionally, I understand that information, as required under law or any applicable regulation, and at the order of a court of law, or at the request or order of any statutory, regulatory or supervisory authority with whom Citibank customarily complies, shall be disclosed. Information and data relating to my Company the Customer, Account/s, Cards and Cardholders like me including but not limited to associated information and information relating to default, if any, may be disclosed and furnished, to the Reserve Bank of India ("RBI") and/or to the Credit Information Bureau (India) Ltd. and/or to any other agency authorized in this behalf by RBI, to service providers, professional advisers and consultants of Citibank. Further, I warrant that in respect of the personal data of any other individual that I may furnish to you, (A) I am authorized to consent, and hereby consent on such individual's behalf, to the collection, use and/or disclosure of his personal data as described above and/or in the IT Regulations Privacy Circular, and/or (B) I have provided notice to, and have obtained consent from such persons to allow Citibank to process their personal data as described above and/or in the IT Regulations Privacy Circular, prior to disclosure of such personal data to Citibank.

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**Note to Applicant**

PLEASE READ THE NOTE TO APPLICANT INSTRUCTIONS BELOW

Please print a single sided copy of this Application Form, card applicant to sign on it.

**Mandatory Details**

Attach a Black & White visible photocopy of Permanent Account Number (PAN Card): duly self-attested by the Card Applicant

Recent Passport-sized color photograph to be affixed on Card Application Form

First Name , Middle name & Last Name of the Applicant mentioned on the form should be match as per PAN Card copy.

Application will be processed only if all mandatory documents and mandatory fields are updated.

Send your signed application form with mandatory documents to to your nearest one of the listed Citi branch mentioned below:

Commercial Card Operations. Citibank NA, 293 D. N. Road, Bombay Mutual Building, Fort, Mumbai 400 001

Citibank N.A., Fort House, 4th Floor, Unit 1, 224, Dr. D.N. Road, Fort, Mumbai – 400 001

Commercial Card Operations, Citibank N.A., 2nd Floor, #5, M. G. Road, Bangalore 560001.

Commercial Card Operations, Citibank N.A., DLF Square, 5th Floor, M Block, Jacaranda Marg, DLF City, Phase II, Gurgaon - 122002.

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**Cardholder Declaration**

☒ I, the cardholder, acknowledge that all information on this application is true and correct. I understand the terms governing usage of this cards and that it is my responsibility to notify Citibank immediately if my card is lost or stolen.

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Citibank, N.A., India Branch

**CardholderSignature**

I, the cardholder, acknowledge that all information on this application is true and correct. I understand the terms governing usage of this cards and that it is my responsibility to notify Citibank immediately if my card is lost or stolen.

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

