Application for Transport facility by Citi staff

| To: | Name of relevant department, Nan Address: | ne of legal vehicle | |
|--------------------------------|--|---|----------------|
| Dear | · Sirs, | | |
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| orga outsi post of co | nized transport facilities ('Facility') at ide of the normal working hours. This 8PM in the evening. I acknowledge an | ry and security of its employees, ('Citi') hat its own costs for all employees who are required to work includes, but may not be limited to, employees leaving officed understand that the Facility is extended to employees 'from the conditions, and on a best effort basis for certain location by Citi from time to time. | k e e |
| _ | lar/daily basis or intermittently or on ar The Facility is provided to merel residence/central pick up or drop po traveling to. The Facility is solely in co | acknowledge that if and when I avail of the Facility, on occasional basis, the following terms and conditions apply: y facilitate convenient transport to and fro from mint and Citi's office/s or such location that Citi requires minnection with transport for official purposes only and at such time. I shall not use this Facility for any purpose other that | iy iy :h |
| (ii) | Citi will have the discretion to discont | inue the Facility or to withdraw or add or curtail any stop or or all employees or stop or restrict me from availing suc | |
| (iii) | may involve certain risks, including b physical injury/partial or full disability vendor//security guard/3 rd party condue to traffic conditions; vehicle problem | of the Facility providers arranged by Citi or by Citi, the Facility ut not limited to instances such as: (a) Accident resulting (b) Behavioral issues with the employees/staff of transpotract staff, if any; (c) Delays /Partial cancellation of the Facilitiems; (d) Natural calamities, mob violence, political unrest etc. | n rt ty |
| (iv) | and ensuring redress of and/or action | e and maintain high quality Facility services for its employed on any genuine complaints, and in any event, Citi is not ar ner to me or my heirs, for events or risks (or consequence and | d |
| (v) | · | | |
| day, comi for n | and opt to travel either (a) by my own muting from my home to Office and vio | the event if I do not avail of the Facility at all or on any given vehicle, or (b) by making personal / private arrangements for exe-versa, for any future reference, I shall be solely responsibilities below an emergency contact number should any need | or le |
| Your | rs truly, | | |
| Empi | loyee Signature | Place: Date: | |
| Empl | loyee Name : | SOE/GE ID No. : | |
| | artment : | Name of Legal Vehicle: | |
| - | rgency Contact Number: | | |