

ACCESS CONTROL APPLICATION FORM

ACTION LOCATION(S) (Please Tick the Appropriate Option)											
OFFICE BLDG:	☐ CSQ	☐ CT	☐ TPJ	☐ MT	☐ XL	☐ TPZ	☐ DATA CENTRE	☐ CIT	☐ TPD		
BRANCHES:	☐ GWC	☐ HPL	☐ ORL	☐ GPR DE	☐ AMK	☐ MDH	☐ PWD	☐ PRG	☐ YC/HB		
HYDRO BRANCHES:	☐ BC	☐ TB	☐ SH	☐ P	☐ BDK	☐ BS					

ACTION (S) (Please Tick the Appropriate Option)	
☐ NEW Security Access Card	☐ Conversion to Perm Citibank Staff (Issue New Photo Label Only)
☐ ADD new data on Card No: _____	☐ CHANGE existing data on Card No: _____
☐ Application for Lost of Card No: _____ (Replacement Fee Paid By: Bank / Cheque No. _____)	

PASSPORT SIZE ONLY

Affix 1 recent colored photo here.

* STRICTLY Applicable for Replacement of Cards & New Applicants *

Personal Information of Applicant - MANDATORY (INCOMPLETE FIELDS WILL BE SUBJECT TO IMMEDIATE REJECTION)	
* FULL NAME: Per NRIC/Passport P/s underline surname <u>MOORI ASHOK KUMAR REDDY</u>	* GEID No. (Perm Staff Only): <u>1000591292</u>
* Corporate Title: <u>STORAGE ADMINISTRATOR</u>	* NEMS GEID (Ctct / Temp Staff): <u>1000591292</u>
* Group/Department: <u>STORAGE OPERATIONS</u>	* NRIC No./ Passport No.: <u>G5896808R</u>
* Base Bldg/Flr/Off No: <u>TAMPINES PLAZA - 7th Floor</u>	* End Date of Contract: (DD/MM/YY) _____
* Cost Centre: <u>8022</u>	* Employed Directly Under Citigroup: Yes / No: _____ (Pls Circle where appropriate) (If no, pls write the name of co.)
* Coordinator & Contact No: _____	

IMPORTANT NOTES IN AREAS/FLOORS/ZONES APPLIED FOR: -

- TIME ZONES - To be completed on the floors applied on the reverse page completed with Appropriate Approval Signers.
- There will be NO DEFAULT ACCESS granted except for areas as indicated at the reverse page.
- ALL AREAS applying to be granted ONLY BY Approval Signers in CSIS Approval Matrix.

DEPARTMENT OR UNIT HEADS: -

- Responsible in establishing the identity of the applicant.
- Ensuring off-hours occupancy requirement per A&P and to inform for any updates on transferred or resigned staff.
- Physical Access Card to be returned IMMEDIATELY with Appropriate Form upon resignation to avoid unauthorized use of the card.
- CSIS will NOT be held responsible for any unauthorized access due to the unit's untimely reporting of transferred, resigned or terminated staff.

TERMS & CONDITIONS FOR APPLICANTS: -

- Access Card issued to you is STRICTLY NON-TRANSFERABLE and are solely responsible for the use of this card.
- DO NOT lend or borrow cards from other staff to get access to the office as use of this card is electronically recorded by the system.

* **Access Violation:**

- Flashing of cards at unauthorized readers or incorrect Time Zones will immediately be subjected to Violation of Procedure and Biz Heads will be notified.
- Cardholders are unauthorized to access floors or time zone that are NOT applied for.

* **Change, Add of Data/Transfer:** - Application form is required.

* **Lost Card Charges:** * S\$12.50 PER CARD/TURNTILE (MT&CT)/TOUCH TAG (ORL), payable to Citibank Singapore Ltd * (NO CASH)

- Report to CSIS for immediate de-activation. CSIS will not be held responsible as a result of unauthorized entry due to the lost card not being reported.
- Any found card has to be returned to CSIS immediately.
- Replacement charge has to be paid by the applicant unless otherwise waived by the UNIT HEADS with sign-off and approval memo to charge under their Cost Centre.

Zone A: 24 hours/7 days	Zone B: Mon-Fri (0730 - 2100) Sat/Sun/RH (0900 - 2100)	Zone C: Mon-Fri (0730 - 1930) Excl. Sat / Sun & Public Holidays	Zone D: Mon-Sat (0530 - 2359) Excl. Sun & Public Holidays
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SIGNATURES & STAMPS: - * MANDATORY *

I fully understand and abide to the terms and conditions of this application request for access card.

<u>M.A.K. Reddy 23/10/2007</u>	_____	_____
*Signature of Applicant & Date	*Signature of Dept Head	*Signature of Approval Signer
*Name Stamp:	*Name Stamp:	*Name Stamp:

FOR CSIS USE ONLY					
New Card No.: _____			☐ Turnstile: _____ (MT/CT)		
☐ CSQ Lift Activation: _____			☐ Touch Tag: _____ (ORL)		
MAKER	Date	Initial	CHECKER	Date	Initial
Created In System:			Reviewed Form On:		
Updated Record:			Rejected Form On:		
Any Remarks:			* All Checked via System *		

ACKNOWLEDGEMENT

I acknowledge receipt of my access card.

Signature of Applicant & Date: _____

After completing the Application Form, please submit to Centennial Tower 3FI - CSIS Access Control

Reminder: To avoid forms being rejected, please ensure form is duly completed for all pages and floors applied; i.e. Time Zones & Approval Signatories against them.

Last Revised: 9/20/2007

STAFF APPLICATION FORM FOR CITIBANK SINGAPORE LTD

CITIBANK VISA OR MASTERCARD CARD APPLICATION FORM

PERSONAL PARTICULARS

FULL NAME AS IN NRIC/PASSPORT (underline surname)
 ✓ MR/ MRS/ MDM/ MISS MOORI. ASHOK KUMAR REDDY

GEID NO. :

HOME TEL.
 64051459

IC/PASSPORT NO.
 F8249316

SOCIAL SECURITY NO
 (FOR US CITIZENS OR GREEN CARD HOLDER)

DATE OF BIRTH
 07 Month 25 Day 1978 Year

NATIONALITY

MARITAL STATUS
☐ SINGLE ☒ MARRIED

YOUR CHOICE OF CARD(S)

PLEASE TICK YOUR CHOICE OF CARD(S):

☒ CLASSIC VISA
☐ PREFERRED VISA

☐ PLATINUM MASTERCARD

NAME TO APPEAR ON CARD (maximum 20 characters)

A S H O K K U M A R R E D D Y . M O O R I

BILLING ADDRESS (RESIDENTIAL ADDRESS ONLY)

TAMPINES AVENUE 9, TAMPINES, SINGAPORE 520779

FOR FOREIGNERS

OVERSEAS ADDRESS: ADAPUR, NANDHAWA
 Cuddalore (OH), A.P. INDIA-516150

OVERSEAS TEL NO:
 08565245126

DATE JOINED 01/11/2007

EMPLOYMENT

OFFICE TEL./EXT.
 64263801

CURRENT TITLE/POSITION
 STORAGE ADMINISTRATOR
 DEPARTMENT STORAGE OPERATIONS
 DIVISION

SUPPLEMENTARY CARD REQUEST

(One free Supplementary Card may be nominated for VISA and/or MasterCard. Nominated Supplementary cardmember must be 21 years old and above and must be either your spouse or a member of your immediate family. (Please indicate details below.)

PLEASE TICK YOUR CHOICE OF CARD(S):

☐ CLASSIC VISA
☐ PREFERRED VISA

☐ PLATINUM MASTERCARD

FULL NAME AS IN NRIC/PASSPORT (underline surname)
 MR/ MRS/ MDM/ MISS

NAME TO APPEAR ON CARD (maximum 20 characters)

IC/PASSPORT NO.

NATIONALITY

DATE OF BIRTH
 _____ Month _____ Day _____ Year

RELATIONSHIP