服務費豁免申請表
Service Fee Waiver Application Form

請選擇以下適用之費用豁免申請 Please select the applicable fee waiver:

☐ 郵寄月結單費用 Paper Statement Fee　　☐ 服務月費 Monthly Service Fee

日期
Date: _____
月MM/ 日DD/ 年YYYY

請選擇以下適用之豁免組別 Please select your applicable group:

☐ 領取綜合社會保障援助(綜緩)人士
　 Clients who receive Comprehensive Social Security Allowance (CSSA) [LOW]

☐ 領取社會福利保障/政府津貼人士(綜緩除外)
　 Clients who receive government subsidies/social welfare benefits (excluding CSSA) [MIN]

☐ 低收入人士: 個人每月收入少於HK$7,900或非工作人士之家庭每月收入少於HK$11,500
　 Clients with low income: an individual monthly income below HK$7,900 or a household monthly income below HK$11,500 for a
　 client who is not working [MIN]

☐ 傷健人士
　 Clients with disabilities [VUL]

請將已填妥的表格透過電腦、平板電腦或流動裝置上載至www.citibank.com.hk/banking-form → 更新戶口相關文件 →
「按此上載表格」或郵寄至 "香港軒尼詩道郵政信箱20151號 花旗銀行(香港)有限公司Core Operation - SAMS"收。本行將
收到您的申請表後7個工作天內處理您的申請。 Please return your completed form via a computer, tablet or mobile device by
uploading it to www.citibank.com.hk/banking-form → Account Maintenance Supporting Documents → "Submit Form Here" OR
by mailing it to "Core Operation-SAMS, Citibank (Hong Kong) Limited, PO Box 20151, Hennessy Road Post Office, Hong Kong".
Your request will normally be processed within 7 working days upon our receipt of your form.

致To: 花旗銀行(香港)有限公司 Citibank (Hong Kong) Limited

客戶資料 Client Details

客戶姓名
Customer Name _____

戶口號碼
Account Number _____

所持有的戶口 Accounts held (請選擇所有適用的戶口 Please select all applicable account(s))

☐ 花旗私人客戶業務Citigold Private Client　☐ Citigold　☐ Citi Priority　☐ Citibanking理財　☐ 信用卡Credit Card

低收入或領取綜緩/社會福利保障/政府津貼或傷健聲明 Declaration for persons with low income or who receive CSSA/social welfare benefits/government subsidies or who have disabilities

(只適用於低收入或領取綜緩/社會福利保障/政府津貼或傷健人士 Applicable to persons with low income or who receive CSSA/social welfare benefits/government subsidies or who have disabilities)

本人特此申請貴行現時向低收入或領取綜緩/社會福利保障/政府津貼或傷健人士所提供的郵寄月結單服務費用及/或服務月費永久豁免。I hereby apply for the permanent waiver of your Bank's Paper Statement Fee and/or Monthly Service Fee currently offered to persons with low income or who receive CSSA/social welfare benefits/government subsidies or disabilities.

本人特此聲明，本人在上述條件下，符合有關申請資格。如本人不再符合上述條件，必會通知花旗銀行。本人明白及同意貴行將可能隨時取消或撤回是項豁免。本人明白及同意如有需要，貴行可要求本人提供證明文件。I hereby declare that I am eligible for the said waiver on the said basis. I will inform Citibank if I am no longer eligible for the said waiver. I understand and agree that the Bank may at any time cancel or withdraw this waiver. I understand and agree that the Bank may request me to provide supporting documents if necessary.

For Bank use only 銀行專用	
Maker Handling unit:	Checker BM/ABM/BOM

X _____
客戶簽署 Client's Signature

註：郵寄月結單費用計算是因應客戶於每段收費期之最後一個工作天所持的狀況。因此，所有申請表格必須於每段收費期之最後一個工作天內遞交到本行作該收費期的申請。若因郵遞引起的延誤，申請將會於下一段收費期生效。每段收費期是指2016年2月至6月或其後每6個月(每年7月至12月/每年1月至6月)。
Note: The Paper Statement Fee calculation is based on a client's status on the last working day of each period. All requests must reach the Bank on or before the last working day of the period. If there is any delay in postal delivery, it will be effective from the next period. Each period being "Feb to Jun, 2016" and every 6-month period thereafter (Jul to Dec/Jan to Jun each year).