



SafeWord Cards & Pins Request and Receipt

Client Name
Client Address

s/n	Name (한글)	Name (English)	SafeWord Serial number	Security Manager (Y/N)
1				
2				
3				
4				
5				
6				
7				

Total number of cards issued: _____

Section 1: SafeWord PINs Custodian

Issuing Officer Name & Signature _____ Date _____

Section 2: To be completed by Client upon request and receipt of SafeWord PINs

Security Manager 1 Name _____ Company Stamp _____

Signature for request _____ Date _____

Signature for receipt _____ Date _____

Kindly send the signed **Section 2** to the PIN Custodian at below address;

Citibank Korea Inc., Head Office 15th GTS/Client Delivery
39 Da-Dong, Jung-Ku, Seoul 100-180 Korea

Section 3: SafeWord Cards Custodian

Issuing Officer Name & Signature _____ Date _____

Section 4: To be completed by Client upon request and receipt of SafeWord Cards

Security Manager 2 Name _____ Company Stamp _____

Signature for request _____ Date _____

Signature for receipt _____ Date _____

Kindly send the signed **Section 4** to the Card Custodian at below address;

Citibank Korea Inc., Head Office 15th GTS/Client Delivery
39 Da-Dong, Jung-Ku, Seoul 100-180 Korea

By signing this form, we acknowledge receipt of the PINs and Cards and agree to use these cards in accordance with the terms and conditions and other existing agreements surrounding our relationship with Bank. As with any security procedure the cards are confidential and Bank will be notified immediately if there is any reason to suspect that they are or have been compromised. Bank Does Not Warrant or Guarantee the Security of Clients Access to the System.