

Change of Address/Contact Numbers (Individual Account)

Section 1: Customer Particulars

Updates is for: (Please "√")

Saving AC All Personal <input type="checkbox"/> All Joint-OR <input type="checkbox"/> All Joint-AND <input type="checkbox"/> Exclude AC No: _____	Current AC All Personal <input type="checkbox"/> All Joint-OR <input type="checkbox"/> All Joint-AND <input type="checkbox"/> Exclude AC No: _____	Fixed Deposit AC All Personal <input type="checkbox"/> All Joint-OR <input type="checkbox"/> All Joint-AND <input type="checkbox"/> Exclude AC No: _____	Trade Finance AC All Personal <input type="checkbox"/> All Joint-OR <input type="checkbox"/> All Joint-AND <input type="checkbox"/> Exclude AC No: _____	Loan AC All Personal <input type="checkbox"/> All Joint-OR <input type="checkbox"/> All Joint-AND <input type="checkbox"/> Exclude AC No: _____	
Share Margin AC All Personal <input type="checkbox"/> All Joint-OR <input type="checkbox"/> All Joint-AND <input type="checkbox"/> Exclude AC No: _____	Safe Box AC Safe Box No: 1) _____ 2) _____	Unit Trust AC All Unit Trust <input type="checkbox"/> Exclude UT Name: _____	Other AC All Personal <input type="checkbox"/> All Joint-OR <input type="checkbox"/> All Joint-AND <input type="checkbox"/> Specify AC: _____	FX Contracts <input type="checkbox"/> Specify AC: _____	Banknotes <input type="checkbox"/> Specify AC: _____

NRIC / Passport / FIN: _____

Name as in NRIC / Passport / FIN: _____

(Dr / Mr / Miss / Mrs / Mdm)* _____

* Please delete where applicable _____

Section 2: New Address and Contact Numbers

A. Residential address as per in NRIC

 Postal Code _____

B. Mailing address (if different from the above)

Tick '√' for Office Address

 Postal Code _____

C. Contact Numbers

Home Tel No.: _____

Office Tel No.: _____

Mobile / Pager No.: _____

Email Address: _____

Section 3: Signature

 Authorised Signature

 Date

 Authorised Signature

 Date

Section 4: For Bank Use Only

Update by Branch:

- | | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> CIF | <input type="checkbox"/> Current AC | <input type="checkbox"/> Safe Box AC |
| <input type="checkbox"/> Savings AC | <input type="checkbox"/> Fixed Deposit AC | <input type="checkbox"/> Unit Trust AC |
| <input type="checkbox"/> Others _____ | <input type="checkbox"/> Copy to: CAD / UTC / TSC / TPC / BNC / SDB BR _____ | |

 Attended by

 Date:

 Updated by

 Date:

 Checked by

 Date:

Update by Credit Admin:

- | | | |
|----------------------------------|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Loan AC | <input type="checkbox"/> SMF AC | <input type="checkbox"/> Nominees |
|----------------------------------|---------------------------------|-----------------------------------|

 Signature verified by

 Date:

 Updated by

 Date:

 Checked by

 Date: