

ADVICE OF CHANGE

Date: _____

Account Number(s): _____

Account Name: _____

I/We hereby authorise the Bank to make the following change(s).

With effect from

D	D	M	M	Y	Y

Please tick where appropriate.

☐ Change in Registered Address ☐ Change in Mailing Address ☐ Change in Principal Place of Business Address

New Address:

☐ Change in Telephone Number _____ ☐ Change in Fax Number _____

☐ Update Signature of _____
(Name of Signer)

New Specimen Signature

Notification of any change by third party will not be accepted without the written authority of the customers.

Authorised Signature(s) of Account Holder(s)
Company Stamp (if applicable) is required

For Bank Use Only

Management	Manager	Attended By	Signature Verified
Change	Checking Item		Y//N/N.A.
Address	1. Declaration Letter collected? 2. FIEL eligible?		
Need to confirm if any revised authorisation letter is required			Y/N