## To: MUFG Bank, Ltd. (Incorporated in Japan with limited liability) Ĩ

Date 日期	月:	
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Dear 敬啓者	·	<u>NOTICE OF ALTERATION</u> 再功治加	
I/We	hereby request your bank to amend t	更改通知 the record of my/our account(s) mentioned below by ect from	(DD/MM/YY
	我方特此通知貴行進行以下更改,	,以修正本人/我方之戶口紀錄,並由	
1.	Account Name in Full 戶口全名:		
2.	Type of Account(s) Concerned相關戶口類別		
3.	After Change 更改後 : Tel. No. 電話號碼^: Mobile Phone No. 手提電話號 Fax No. 圖文傳真號碼^: <i>^For overseas number, please ad</i> <i>前加入國家及地區編碼(如有)</i> 。 Email Address 電郵地址: Mailing Address 郵寄地址 Residential Address 住宅地址 Room/ Flat/ Floor:	(Please tick "✓" as appropriate. 請於合適選巧 標碼^:	<i>如海外號碼,請於號碼</i> 商業註冊地址
	Name of Building:		
	Number and Name of Street:		
	District:		
	City/ Town*:		
	Province/ State/ Region*:		
	Postal Code*:		

4. Reason for Change 更改原因 :

The bank is allowed to have reasonable time to amend its record in accordance with this Notice and the bank is not liable for any loss prior to its record amendment. In any event the bank is not liable for any loss unless it is caused by the bank's wilful negligence.

貴行可於合理時間内跟據此通知更改相關紀錄,而貴行亦免就相關紀錄修正前所引起之任何損失負上責任。除貴行 之蓄意疏忽行為外,在任何情況下,貴行將不會就任何損失負上責任。

Further, I/we will indemnify you against all claims damages and liability whatsoever in relation thereto. 再者,本人/我方將彌償貴行一切隨之引起之損失及責任。

> Yours faithfully, 順頌商祺!

Authorized Signature 獲授權簽署 (with rubber stamp if there is any) (加蓋印章,如有)

## FOR BANK USE ONLY (Confidential)

Reminder: If address change is applicable to FATCA/CRS, please request customer to fill in another FATCA/CRS-related forms.

Is any US indicia found / or FATCA trigger event identified in the "Notice of Alternation" above? (Please tick " $\checkmark$ " as appropriate)  $\square$  YES  $\rightarrow$  Please also fill in the "Checklist of FATCA Due Diligence Assessment Form (For Preexisting Individual Customer)"

(FATCA-002) "or "Checklist of FATCA Due Diligence Assessment Form (For Preexisting Corporate Customer)" (FATCA-003) as well.

□ NO

Is any reportable indicia under CRS found in the "Notice of Alternation" above or there is any change of the tax residency? (Please tick " $\checkmark$ " as appropriate)

## $\Box$ YES $\rightarrow$ Please request customer to fill in the

- "CRS Self-Certification Form for Individual" (CRS-001),
- "CRS Self-Certification Form for Entities" (CRS-002), or
- "CRS Self-Certification Form for Controlling Persons" (CRS-003)

🗌 NO

## **DPS Address Type** (Please tick "✓" only 1 box)

No change is required	-	No change on mailing address
Otherwise	-	Mailing address = HK address
Outside HK	-	Mailing address = Non-HK / overseas address
Address is office of MUFG Bank	-	Mailing address = C/O MUFG Bank
Address Undeliverable or no addr	-	Self-explanatory
Report DPS using resident addr	-	HOST: refer to form CIF-001; T24: not an option

HK USER MENU	If there are NO items between PRINT.2 and PRINT.49, then	Proceed as usual
>CUSTOMER	If there are items between PRINT.2 and PRINT.49 (e.g.	Communicate with Marketing whether the address
>View Customers Addresses	PRINT.3 exists), then	change is applicable for the existing PRINT.X or not
Entity	If Mailing Address = Business Registration Address, then	Mailing Address => PRINT.1
	If Mailing Address =/= Business Registration Address, then	Mailing Address => PRINT.1
		Business Registration Address => PRINT.60
Individual	If Mailing Address = Residential Address, then	Mailing Address => PRINT.1
	If Mailing Address =/= Residential Address, then	Mailing Address => PRINT.1
		Residential Address => PRINT.60

T24 Label	Input
GB Legal Address.1	Line 1 of Mailing Address (PRINT.1) [35 characters]
GB Legal Address.2	Line 2 of Mailing Address (PRINT.1) [35 characters]
GB Legal Address.3 or above	Line 3 or above of Mailing Address (PRINT.1) [35 characters per line]
	[Try to keep 2 lines only on a best effort basis for Payment Workstream]
GB STREET	Line 1 of Mailing Address (PRINT.1) [35 characters]
	[Duplicate input from "GB Legal Address.1" for Payment Workstream]
GB City	Line 2 of Mailing Address (PRINT.1) [35 characters]
	[Duplicate input from "GB Legal Address.2" for Payment Workstream]
ADDRESS Item1	Street, particularly
ADDRESS Item2	City, particularly

Attended by

Marketing Dept.		
Dept Head	Manager and/or A/C Officer	

Operations Dept.			
Manager	Checker	Maker	

Customer Number