

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

Date : _____

NOTICE OF ALTERATION OF AUTHORIZED SIGNATORY

Dear Sirs,

Account Name : _____

Account Number : _____

I/We write to advise that the authorized signatory(ies) on the above account has/have changed as follows :-

Please tick ☒ and specify

	Alteration	Effective Date
<input type="checkbox"/>	Mr. / Ms. _____ ¹ shall be removed as (an) authorized signatory(ies).	<input type="checkbox"/> as per Board Minutes /Mandate 2
<input type="checkbox"/>	Mr. / Ms. _____ ¹ shall be added as (an) authorized signatory(ies) and a specimen of the relevant signature(s) is contained in the Schedule.	
<input type="checkbox"/>	Mr. / Ms. _____ ¹ shall change the style of signature(s) as per the Schedule.	<input type="checkbox"/> immediately <input type="checkbox"/> _____ ²
<input type="checkbox"/>	_____ _____ (if applicable describe amended signing arrangements or change of company chop, if any.)	

Save as otherwise set out above the Account Mandate previously signed will remain in full force and effect.

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.

Yours faithfully,

_____³
Authorized Signature(s)
(with rubber stamp if there is any)

-
- 1 - Name(s) of authorized signatory(ies).
2 - The Bank is entitled to act on the instructions of the authorized signatories last known to the Bank prior to this Notice until the lapse of reasonable time after the Bank's actual receipt of this Notice.
3 - In the case of an Individual Account or Joint Account signature should be by the Account Holder or Joint Account Holders.
- In the case of a Sole Proprietor Account signature should be by the Sole Proprietor.
- In the case of a Partnership Account signature should be by the Partners.
- In the case of Company, Society Club or Association signature should be by the Authorized Signatory(s) accompanied by a board resolution or resolution of the relevant constituent body.

S C H E D U L E

Authorized Signatories' Specimen Signatures and Other Information

Specimen Signature Full Name:	HKID Card / Passport No. <hr/> Nationality (for non-permanent resident of Hong Kong) : <hr/>	Residential / Permanent Address : <hr/> <hr/> <hr/> <hr/>
Specimen Signature Full Name:	HKID Card / Passport No. <hr/> Nationality (for non-permanent resident of Hong Kong) : <hr/>	Residential / Permanent Address : <hr/> <hr/> <hr/> <hr/>
Specimen Signature Full Name:	HKID Card / Passport No. <hr/> Nationality (for non-permanent resident of Hong Kong) : <hr/>	Residential / Permanent Address : <hr/> <hr/> <hr/> <hr/>
Specimen Company Chop		

Please rule a line diagonally across all the space left blank.

Manner of Signature (Please tick (✓) the appropriate)

- ☐ Any one may sign.
☐ Two signatures are required.
☐ Others (Please specify) _____

FOR BANK USE ONLY (Confidential)

Does the newly added / removed authorized signatory maintain any US address?

- ☐ YES → Please also fill in the “Checklist of FATCA Due Diligence Assessment Form (For Preexisting Individual Customer)” or “Checklist of FATCA Due Diligence Assessment Form (For Preexisting Corporate Customer)”
☐ NO

Attended by _____

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

KDD		
Manager	Checker	Maker

Account Number _____ Customer Number _____

Remarks : _____