

NOTICE OF CHANGE 変更届

Please fill in the bold frame

| | | | |
|-------------|--|-----------------------|--|
| Date | | Effective Date | |
|-------------|--|-----------------------|--|

| | |
|-------------|--|
| Name | COMSUITE / GCMS Plus * <input type="checkbox"/> Yes <input type="checkbox"/> No Customer ID: _____ |
|-------------|--|

* Customer ID is required for change of "Address" in COMSUITE/GCMS Plus

| | | | | |
|--------------------|--|--|---|---------------------------------------|
| Change Item | <input type="checkbox"/> Signature or seal | <input type="checkbox"/> Address | <input type="checkbox"/> Name | <input type="checkbox"/> Other () |
| | <input type="checkbox"/> Signatories | <input type="checkbox"/> Telephone No. / Fascimile No. | <input type="checkbox"/> Legal Representative | |

| | | |
|----------------------|---------------|--------------|
| Change Detail | Before | After |
| | | |

(Free space)

| | |
|---|--|
| Authorised Signature(s) & Company Seal | |
|---|--|

Bank Use Only

Check List of Documents Enclosed by Change Item

| Signature or seal | Address | Name | Others |
|--|--|---|--------|
| <input type="checkbox"/> Specimen Signature <input type="checkbox"/> Photo copy of passport /identification card | <input type="checkbox"/> Copy of Myco Registration of Office address | <input type="checkbox"/> Copy of Certification of Incorporation on Change of Name of Company <input type="checkbox"/> Revised company rubber stamp | |
| Signatories | Telephone No., Fax No. | Legal Representative | |
| <input type="checkbox"/> Certified copy of board resolution <input type="checkbox"/> Power of Attorney <input type="checkbox"/> Photo copy of passport /identification card <input type="checkbox"/> Specimen Signature <input type="checkbox"/> Copy of Register of Directors | <input type="checkbox"/> Copy of Myco Registration of Office address | <input type="checkbox"/> Specimen Signature <input type="checkbox"/> Photo copy of passport /identification card | |

| | |
|--|--|
| Processed Date | |
| Email Date to TBD <small>(Change of address in COMSUITE & GCMS Plus)</small> | |

| | | |
|-------------------------|--------------------------|-----------------------------------|
| Verify (Manager) | Execute (Officer) | Signature verify (Officer) |
| | | |