



CHANGE OF ADDRESS / CONTACT DETAILS FORM

To: Channel Operations Centre Robinson Road P O Box 1282 Singapore 902532

Company/Association

YOUR PARTICULARS

Name Of Company/Association

Business Registration No.

YOUR NEW MAILING ADDRESS

Building/Block No. Unit No.

Street

Postal Code

YOUR NEW CONTACT NUMBER(S)

Contact Person: _____ Tel / Mobile / Fax No. (Please circle where applicable):

Email Address: _____

Contact Person: _____ Tel / Mobile / Fax No. (Please circle where applicable):

Email Address: _____

Contact Person: _____ Tel / Mobile / Fax No. (Please circle where applicable):

Email Address: _____

Contact Person: _____ Tel / Mobile / Fax No. (Please circle where applicable):

Email Address: _____

Please note that the above numbers will supersede all existing numbers in the Bank's records.

UPDATING YOUR ACCOUNT(S)/SERVICE(S) [Please tick (✓) one of the boxes, where applicable]

- PLEASE UPDATE **ALL** my account(s).
- PLEASE UPDATE **ONLY** my account(s) below:

Account Type ¹	Account Number

Note 1: Account Type: Deposits / Loans / Corporate Credit Cards / Trade Bills / Treasury Services / Others (please specify):

AUTHORISATION & AGREEMENT [Please ensure that approved signatories for all accounts are required]

We agree that the Bank may verify our signatures below against the same in the Bank's records and may effect the change of address for all our accounts even though the signatures on record for one account may differ from those on record for another account.

_____ Name of Approved Signatory	_____ NRIC / Passport Number	_____ Signature / Date
_____ Name of Approved Signatory	_____ NRIC / Passport Number	_____ Signature / Date
_____ Name of Approved Signatory	_____ NRIC / Passport Number	_____ Signature / Date
_____ Name of Approved Signatory	_____ NRIC / Passport Number	_____ Signature / Date

FOR BANK USE ONLY

Attended By Signature & Name _____ Date _____	Signatures Verified By Signature & Name _____ Date _____	Approved By Signature & Name _____ Date _____
--	---	--