



Request for Change of Authorised Signatory(ies) or Change of Signature(s) And / Or Signing Condition - Non-individual

Part A: Particulars of Account(s)			
Account Name			
Account Number			
Registration/ Incorporation No.			
Entity Type	<input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Private Limited Company <input type="checkbox"/> Public Limited Company <input type="checkbox"/> Association/ Society/ Club <input type="checkbox"/> Professional <input type="checkbox"/> Others, please specify _____		
Contact Information	(Office)	(Fax)	
Part B: Withdrawal of Existing Authorised Signatory(ies)			
1.	Name		
	NRIC/ Passport No.	Group	
2.	Name		
	NRIC/ Passport No.	Group	
3.	Name		
	NRIC/ Passport No.	Group	
4.	Name		
	NRIC /Passport No.	Group	
5.	Name		
	NRIC/ Passport No.	Group	
For Bank Use Only			
Date of Account & Services Resolution		Effecting Branch Name/Code	
Receipt Mode	<input type="checkbox"/> Offsite With Biometric Verification ¹	<input type="checkbox"/> Offsite With CTC Document Identifications ²	<input type="checkbox"/> OTC ³
Attended By	Approved By:	EFW Maker:	EFW Checker:
Name	Name	Name	Name
Rec Date & Time:	Date:	Scan Date & Time:	QR Date & Time:
<input type="checkbox"/> Customer Signature Verified ^{1,2,3} <input type="checkbox"/> Supporting Document, if any ^{1,2,3} <input type="checkbox"/> MyKad biometric verified ^{1,3}		Job Batch ID No.:	No. of pages:
Is Name Screening within the following validity period (Day 1 is counted as the day the name screening is done)? • 30 calendar days (purely CA/SA, FD) or • 3 months (for CA/SA linked to the loan a/c) <input type="checkbox"/> Yes (Please ensure Screen Request Form & the screening results from Wholesale Banking & Business Banking are attached for EWF scanning) <input type="checkbox"/> No (Please do not submit for EWF scanning)			

