



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:		CHANGE AS N.IND (SNV); SLA = T, latest T+1 Day CHANGE AS_N.IND(OFFS.) (SNV); SLA = T, latest T+1 Day
Name Rec 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} 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)		Name Date: EWF Maker: Name Scan Date & Time: Job Batch ID No.:		EWF Checker: Name QR Date & Time: No. of pages:

[illegible]

Name:		Name:	
IC/ PP. No.:	DOB (DDMMYYYY)	IC/ PP. No.:	DOB (DDMMYYYY)
Residential Address:		Residential Address:	
Postcode:	State:	Postcode:	State:
HP No.:	e-mail:	HP No.:	e-mail:
Designation:	Gender:	Designation:	Gender:
Signature Group:	Race:	Signature Group:	Race:
Country of Birth:	Nationality:	Country of Birth:	Nationality:

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Name:		Name:	
IC/ PP. No.	DOB (DDMMYYYY)	IC/ PP. No.:	DOB (DDMMYYYY)
Residential Address:		Residential Address:	
Postcode:	State:	Postcode:	State:
HP No.:	e-mail:	HP No.:	e-mail:
Designation:	Gender:	Designation:	Gender:
Signature Group:	Race:	Signature Group:	Race:
Country of Birth:	Nationality:	Country of Birth:	Nationality:

☐ Singly ☐ All to sign ☐ Any _____ to sign

☐ Refer to Special Instructions:

1. By signing below, we confirm that the information given in this request is true and accurate.
2. We hereby consent to and confirm that the signature(s) of the new/ additional authorised signatory(ies) or change of signature(s) supersede the existing specimen signature(s) of the respective authorised signatory(ies) for all account(s) held in our registered name with the Bank.

*Name		*Name	
*Name		*Name	