



## Request for Update of Customer Data - Non-individual

### Your Existing Particulars

Registered Name	
Company / Business Registration No.	

### Correction of Personal Data (Please indicate only the personal data to be corrected)

Registered Name *	
Company /Business Registration No.	Country of Operation
Date of Registration / Incorporation <small>D D M M Y Y Y Y</small>	Country of Registration/ Incorporation
Nature of Business	Other (not listed on any field above, e.g. BNM assigned ID)

\* Data Subject to bring along supporting document, e.g. Form 44, SSM, etc.

### Updating Your Address Detail for Account(s)

Please update ALL my account(s).  
 Please update ONLY my account(s) stated below:

Account Number	Credit Card Number	-	-

### (Please tick & indicate only the address to be corrected)

**New Registered Address**  
(As per supporting document, e.g. Form 44, SSM, etc.)

Postcode:	Town / City:	State:	Country:

**New Mailing Address**  
(if different from registered address)

Postcode:	Town / City:	State:	Country:

**New Business Address**  
(if different from mailing address)

Postcode:	Town / City:	State:	Country:

### Updating Your Contact Detail(s)

[i] Maximum 5 contact detail per type.  
 [ii] Please note that the numbers below will supersede all existing numbers in the Bank's records.

Office Number <small>[CountryCode] - [AreaCode] - [Office No.]</small> / Contact Person Name	+ _____ / _____ + _____ / _____ + _____ / _____ + _____ / _____ + _____ / _____
Fax Number <small>[CountryCode] - [AreaCode] - [Fax No.]</small>	Email Address _____ _____ _____

### Authorisation

By submitting this form, I hereby:-[i] confirm that the information given in this form is correct and complete.  
 [ii] agree that the Bank may verify my signature below against the same in the Bank's records and may effect the change of address and/or contact details for my accounts as stated above even though the signature on record for one account may differ from that/ those on record for another account.

Customer Signature \_\_\_\_\_ Date: D D M M Y Y Y Y

### For Bank Use Only

<input type="checkbox"/> OTC <sup>1</sup> <input type="checkbox"/> Offsite (with Biometric) <sup>2</sup> <input type="checkbox"/> Offsite (without Biometric) <sup>3</sup> Offsite Collected By: _____  <input type="checkbox"/> Mail In <sup>4</sup> <input type="checkbox"/> Fax <sup>5</sup>	Attended By Name _____ Rec Date & Time _____ <input type="checkbox"/> Customer Signature Verified <sup>1,2,3</sup> <input type="checkbox"/> MyKad Biometric Verified <sup>1,2</sup>	Approved By Name _____ <input type="checkbox"/> Supporting Document, if any <sup>1,2,3,4,5</sup>	Request For Update Of Customer Data N.IND (SNV); SLA = T, latest T+1 Day EWF Maker Name _____ Scan Date & Time _____ Job Batch ID No. _____	EWF Checker Name _____ QR Date & Time _____ No. of Pages _____
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Reason for update: Tick ONE only

1. Change in information provided by customer    
  2. Change in business operations    
  3. Data input/classification /error reporting    
  4. Technical issues