



## 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)*

Town / City: \_\_\_\_\_ 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	Email Address
<small>[CountryCode] - [AreaCode] - [Fax No.]</small>	

### 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	Approved By _____ Name Supporting Document, if any <sup>1,2,3,4,5</sup> <input type="checkbox"/> MyKad Biometric Verified <sup>1,2</sup>	EWF Maker _____ Name Scan Date & Time Job Batch ID No.	EWF Checker _____ Name QR Date & Time No. of Pages
	Reason for update: Tick ONE only		<input type="checkbox"/> 1. Change in information provided by customer <input type="checkbox"/> 2. Change in business operations <input type="checkbox"/> 3. Data input/classification / error reporting <input type="checkbox"/> 4. Technical issues	