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 -Select-
Date of Registration / Incorporation D D M M Y Y Y Y	Country of Registration/ Incorporation -Select-
Nature of Business	**For e-Invoice Purposes**
	TIN No.
Other(*not listed on any field above*)	SST No.
* *Data Subject to bring along supporting document, e.g. Form 44, SSM, etc.*	TTX No.

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.)

Line 1
Line 2
Line 3

Postcode: Town / City: State: -Select- Country: -Select-

☐ New Mailing Address
(if different from registered address)

Line 1
Line 2
Line 3

Postcode: Town / City: State: -Select- Country: -Select-

☐ New Business Address
(If different from mailing address)

Line 1
Line 2
Line 3

Town / City: Country: -Select-

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
[CountryCode] - [AreaCode] - [Office No.]
/ Contact Person Name

+ ___ - ___ - ___ / ___

Fax Number
[CountryCode] -[AreaCode] - [Fax No.]

+ ___ - ___ - ___

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

☐ OTC [1]
☐ Offsite (with Biometric) [2]
☐ Offsite (without Biometric) [3]
Offsite Collected By:

☐ Mail In [4]
☐ Fax [5]

Attended By

Name
Rec Date & Time
☐ Customer Signature Verified [1,2,3]
☐ MyKad Biometric Verified [1,2]

Approved By

Name
☐ Supporting Document, if any [1,2,3,4,5]

Request For Update Of Customer Data N.IND (SNV); SLA = T, latest T+1 Day

EWF Maker	EWF Checker
Name	Name
Scan Date & Time	QR Date & Time
Job Batch ID No.	No. of Pages

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