



**CHANGE OF ADDRESS / CONTACT DETAILS FORM**

Cash Management Operations Centre, Bras Basah P O Box 106 Singapore 911804

**Non-Individual**

**YOUR PARTICULARS**

Name

Business Registration Number

**YOUR NEW ADDRESS**

Address Type<sup>1</sup>  New Mailing Address  New Registered Address

Block/House No.  Unit No.  Postal/Zip Code

Street

City<sup>2</sup>

Country  Singapore  Foreign (Please Specify)

**Note 1:** You may tick both Address Types if applicable **Note 2:** City is only applicable for foreign addresses

**UPDATING YOUR ACCOUNT(S) / SERVICE(S)**

**Please shade 1 ● circle only**

Please update ALL our account(s)

Please update the following account(s) only (omit dashes):

**YOUR NEW CONTACT NUMBER(S) & EMAIL ADDRESS**

**Office Fax No.** +  (Country Code)  (Area Code)  (Fax No.)

**Contact Person 1**

Mobile No. +  (Country Code)  (Area Code)  (Mobile No.)

Office No. +  (Country Code)  (Area Code)  (Office No.)

Email Address

**Contact Person 2**

Mobile No. +  (Country Code)  (Area Code)  (Mobile No.)

Office No. +  (Country Code)  (Area Code)  (Office No.)

Email Address

**Contact Person 3**

Mobile No. +  (Country Code)  (Area Code)  (Mobile No.)

Office No. +  (Country Code)  (Area Code)  (Office No.)

Email Address

**Contact Person 4**

Mobile No. +  (Country Code)  (Area Code)  (Mobile No.)

Office No. +  (Country Code)  (Area Code)  (Office No.)

Email Address

Please note that the above numbers will supersede all existing contact details in the Bank's records.

**AUTHORISATION & AGREEMENT**

We agree that the Bank may verify our signatures below against the same in the Bank's records and may effect the change of address for all accounts as stated above even though the signatures on record for one account may differ from those on record for another account.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorised Signature	Authorised Signature	Authorised Signature	Authorised Signature
Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/>	Name <input type="text"/> Date <input type="text"/>
NRIC/Passport No. <input type="text"/>	NRIC/Passport No. <input type="text"/>	NRIC/Passport No. <input type="text"/>	NRIC/Passport No. <input type="text"/>

**FOR BANK USE ONLY**

Attended By Name <input type="text"/> LAN ID <input type="text"/> Staff ID <input type="text"/> Signature <input type="text"/>	Signature(s) Verified By Name <input type="text"/> LAN ID <input type="text"/> Staff ID <input type="text"/> Signature <input type="text"/>
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