





CHANGE OF ADDRESS / CONTACT DETAILS FORM

To: Channel Operations Centre Robinson Road P O Box 1282 Singap		Personal
YOUR PARTICULARS (Form is for 1 customer only, please	submit a separate for	rm for additional request) : : : : : : : : : : : : : : : : : : :
Name (as in NRIC/Passport/FIN) (Dr/Mr/Miss/Mrs/Mdm)		
NRIC/Passport No./FIN		
YOUR NEW MAILING ADDRESS (Please <u>shade</u> ● circle •	where applicable)	
New Mailing Address (For the above named customer on		
Block/House No.	Unit No.	Postal/Zip Code
Street		
City ¹		
Country Singapore Foreign (Please spec	cify)	
New Residential Address Shade if SAME as above, if not, please specify below:		
Block/House No.	Unit No.	Postal/Zip Code
Street		
City ¹		
Country Singapore Foreign (Please spec	cify)	
Note 1: City is only applicable for Foreign Addresses		
YOUR NEW CONTACT NUMBER(S)		
(oodina) a rasa oodo)		
Mobile ² No. (Country & Area Code)		Malalia Dhana Murahari
Office No. 6 i i i i i i i i i i i i i i i i i i	Email Address	(Mobile Little Folinger)
Note 2: The mobile phone number will be used for the purpose of SMS-OTP for	*****	king and UOB Mobile Services, UniAlerts and other transaction alert notifications.
For more information on applicable transaction alerts notifications, please visit www.UOB.com.sg		
PART (A) UPDATING YOUR ACCOUNT(S) ³ (Please shade		()
PLEASE UPDATE <u>ALL</u> my account(s) (Please note that address to	ir your individual Single name ad	account(s) & Joint-Or account(s) will be updated. For Joint- AND account(s), please complete Part B)
: : : : : : : : : : : : :		
PART (B) UPDATE OF JOINT ACCOUNT(S) ³ REQUIRING ALL JOINT ACCOUNT HOLDERS TO SIGN PLEASE UPDATE OUR Joint account(s) below		
FLEASE OF DATE OUR SOURCE account(s) below		
LLLLLLLL		
I/We agree that the Bank may verify my/our signature(s) below against the same in the Bank's records and may effect the change of address for my/our accounts as stated above even though the signature(s)		
on record for one account may differ from that/those on record for ano		, , , , , , , , , , , , , , , , , , , ,
Account Holder 1/ Authorised Person Signature ³ Date Account Holder 2/ Authorised Person Signature ³ Date		
Name: NRIC/		Name: NRIC/
Passport No.:		Passport No.:
Ē		
Account Holder 3/ Authorised Person Signature 3	Date	Account Holder 4/ Authorised Person Signature ³ Date
Name:		Name:
NRIC/ Passport No.: NRIC/ Passport No.:		
Note 3 : Thumbprints (if any) must be affixed in the presence of a bank officer. Please bring your NRIC/Passport for identification purposes.		
FOR BANK USE ONLY		
Attended By Name		Signature(s) Verified By (For Thumbprint, Witnessed By) Name
LAN ID : : : : : : : : : : : : : : : : : :		LANID : : : : : : : : : : : : : : : : : : :
Staff ID : : : : : : : : : : : : : : : : : :		Staff ID : : : : : : : : : : : : : : : : : :