



## CHANGE OF NAME / IDENTITY NUMBER FORM

ACCOUNT PARTICULARS																					
Existing Name (Dr/Mr/Miss/Mrs/Mdm*)																					
NRIC/Passport No./FIN/				<u>                                       </u>	<u>                                     </u>		<u> </u>	<u> </u>												<u> </u> 	]
Business Registration No.*	IMPED																				
CHANGING YOUR NAME / IDENTITY NU		1			Lene																
I/We hereby inform you of the following change	ge(s) in	my/o	ur pa	articu	ılars:																
New Name (as in NRIC/Passport/FIN*) (Dr/Mr/Miss/Mrs/Mdm*)																				<u> </u>	
																					_
ID Type (Please tick (✔) one)														0							
New NRIC/Passport No./FIN/ Business Registration No.*																					
Country of Issue																					
For Personal Accounts Only Mandatory information required when changing your NRIC/Passport number	☐ I have existing Internet Banking Service and am currently using: ☐ Token-OTP. Please issue me a new token ☐ SMS-OTP mobile number																				
(Please tick (✓) accordingly)	☐ I <u>DO NOT</u> have Internet Banking Service																				
AUTHORISATION & AGREEMENT																					
I/We agree that the Bank may verify my/our signered though the signature(s) on record for or														the ch	ange	of na	me fo	ir all	my/a	our ac	count(s)
Authorised Signature(s)											D	ate						-			
Notes: For Company accounts, authorised signate Thumbprints (if any) must be affixed in the Please bring your NRIC/Passport for ident	he preser	nce of	a b	ank c	officer.																
FOR BRANCH USE ONLY FOR													OR (	:SC U	SE O	NLY					
Attended By		Sign	atur	re(s) \	Verifie	d By						Р	roces	sed By	′						
Signature and Name	_	Sign	atur	e and	d Nam	ne						S	ignatı	ıre an	d Nam	ie					