



# ADDRESS AND CONTACT PERSON DETAILS UPDATE FORM

Customer Name : \_\_\_\_\_

Customer A/C Number or Business Registration no : \_\_\_\_\_

Please select the options from the below to update your records:-

UPDATE OF ADDRESS	
<input type="checkbox"/> Business Address*	..... .....
<input type="checkbox"/> Correspondence Address	..... .....
<input type="checkbox"/> Registered Address^	..... .....

\*Please provide proof of business address. E.g. Corporate registry extract (ACRA) dated within 4 months, Certificate of Incumbency dated within 6 months, valid Tenancy Agreement, Utility Bill or Government Letter dated within 3 months.

^Please provide proof of registered address. E.g. Corporate registry extract (ACRA) dated within 4 months, Certificate of Incumbency dated within 6 months or Certificate of Incorporation.

## UPDATE OF CONTACT PERSON DETAILS

Do you wish to update your contact person details?  Yes  No

If yes, please complete the below fields.

PRIMARY CONTACT PERSON	
Full Name	: _____
Tel No (Office)	: _____ <input type="checkbox"/> No change to bank records
Mobile No	: _____ <input type="checkbox"/> No change to bank records
Fax No (Office)	: _____ <input type="checkbox"/> No change to bank records
Email Address	: _____ <input type="checkbox"/> No change to bank records
ADDITIONAL CONTACT PERSON	
Full Name	: _____
Tel No (Office)	: _____ <input type="checkbox"/> No change to bank records
Mobile No	: _____ <input type="checkbox"/> No change to bank records

Fax No (Office) : \_\_\_\_\_  No change to bank records  
Email Address : \_\_\_\_\_  No change to bank records

**UPDATE OF CONTACT PERSON FOR CALLBACK AUTHENTICATION OF PAYMENT INSTRUCTIONS**

Do you wish to update the contact person's details?  Yes  No

If yes, please complete the below fields.

Full Name	:	_____	
Tel No (Office)	:	_____	<input type="checkbox"/> No change to bank records
Mobile No	:	_____	<input type="checkbox"/> No change to bank records
Fax No (Office)	:	_____	<input type="checkbox"/> No change to bank records
Email Address	:	_____	<input type="checkbox"/> No change to bank records
Full Name	:	_____	
Tel No (Office)	:	_____	<input type="checkbox"/> No change to bank records
Mobile No	:	_____	<input type="checkbox"/> No change to bank records
Fax No (Office)	:	_____	<input type="checkbox"/> No change to bank records
Email Address	:	_____	<input type="checkbox"/> No change to bank records

**Authorised Signatories of the Customer:**

*To be signed in accordance with mandate provided to the bank*

\_\_\_\_\_  
**Name:**  
**Title:**  
  
**Date:**

\_\_\_\_\_  
**Name:**  
**Title:**  
  
**Date:**

Please send this mail to:  
SOC - Account Maintenance  
The Hongkong and Shanghai Banking Corporation Limited  
Robinson Road P O Box 896  
Singapore 901746