| 🛞 Ma | ybank |
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| Part 1: Particulars  |   |                       |                 |                 |                |                                    |                |               |   |                       |                                    |                            |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          |               |
|--|---|-----------------------|-----------------|-----------------|----------------|------------------------------------|----------------|---------------|---|-----------------------|------------------------------------|----------------------------|------------------------|-------------------------|---------------|----------|----------|----------|------------|---------------------------------------|-------|----------|------------|---------------|----------|---------------|
| Account Holder's Name  |   |                       |                 |                 |                | I                                  |                | I             | I   |                       | I                                  |                            |                        |                         |               | I        |          |          |            |                                       | l     | I        | 1          | I             | I        | 1             |
| (Please ✓ one)<br>DrMrMissMrsMdr   | n   | L                     |                 |                 | L              | <br>                               | L              | <br>          | <br>  | <br>                  | <br>                               | <br>                       | L                      | <br>                    | <br>          | <br>     | <br>     | <br>     | <br>       |                                       | L<br> | 4<br>    | <br>       |               |          |               |
| NRIC / Passport Number   |   |                       |                 |                 |                |                                    |                |               |   |                       |                                    |                            |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          | _             |
| Passport Expiry Date<br>(Applicable to foreigners only. Please attach<br>photocopy for our records.)                                       | а   | D                     | D               | /               | м              | м                                  | /              | Ŷ             | Ŷ   | Ŷ                     | Ŷ                                  |                            |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          |               |
| Part 2: Change Address<br>NOTE: The Bank will update your Register<br>below:   | ed/Reside                                     | entia                 | l Add           | ress j          | for            | all yo                             | our e          | exis          | ting  | acco                  | ounts                              | & al                       | l you                  | ur f                    | utur          | e c      | orres    | spor     | nden       | ces                                   | /acc  | oun      | ts,ι       | ınles         | s spe    | cified        |
| Registered Address / Residential Address (P<br>Block/ House No.  | lease encl<br>Unit no.                        |                       | proof           | of yo           | our            | new I                              | Regi           | ister         | ed /  | Res                   | ident                              | ial A                      |                        | e <b>ss.</b><br>ostal   |               |          |          | dre      | ss is      | not                                   | t all | owe<br>  | d.)        |               | 1        | 1             |
| Street   | 」<br>   | I                     |                 |                 | <br>           | ني<br>ا                            | ۰.<br>ا        | لم<br>        | <u>ل</u> ــــــــــــــــــــــــــــــــــــ |                       | <br>                               | - L<br>                    |                        | 1                       | 1             |          |          | 1        |            | ۲<br>ا                                |       | <br>     | <br>       |               | k<br>    | <b>د</b><br>ا |
|  | <u></u>                                       | -4<br>                | -4              |                 | <br>           | Å<br>                              | <br>           | <br>          | ا<br>   |                       | 4<br>                              | <br>                       | i<br>                  | 4<br>                   | <br>          |          |          | .i<br>   | <u>-</u>   | ـــــــــــــــــــــــــــــــــــــ |       | I<br>    | <br>       |               | 4<br>    | نــــ<br>ا    |
| City   | JI<br>  | <br>1                 | L<br>I          | .J<br>1         | - <b>I</b><br> | <b>-L</b>                          | Cour           | ntry          |   |                       | L<br>                              | J                          | l<br>I                 | <br>                    | <br>i         |          |          | .I<br>   |            | L<br>                                 |       | J<br>    | . <b></b>  |               | k<br>I   | l<br>         |
| Mailing Address (If different from the abov  | <br>o)  | -L                    |                 | .i              | .i             |                                    | coui           | iiciy         |   |                       | L                                  | j                          |                        |                         |               |          |          | .i       |            |                                       |       | <u>.</u> | - <b>i</b> | <u>i</u>      | <b>i</b> | !             |
| Block/ House No.   | Unit no.                                      | #                     |                 | 1               | 1              | Ι.                                 | I              | ł             |   |                       | 1                                  | ł                          | Po                     | ostal                   | 7in           | Cod      | ρ        |          |            | I                                     |       |          |            |               | ł        | ł             |
| Street   |   | <i>"</i>              | L               |                 | <br>           | نــــ<br>ا                         | L              | للـــــ       | لـــــــ<br>ا                                 | L                     | .1<br>                             | -L<br>                     | ] '''<br>              | l                       | l             | cou      |          | 1        | <br>       | <br>                                  |       | L<br>I   | <br>I      | <b>J</b><br>I | l<br>I   | <br>          |
|  | <u>  </u>                                     | ÷                     |                 |                 |                | <u>-</u>                           | <u></u>        | <br>          | ا<br>ا  |                       | <u>.</u>                           | <u> </u>                   | <br>                   |                         |               |          |          |          | - <u>∔</u> |                                       |       | i        | <u>+</u>   |               |          |               |
|  | <u>↓</u>                                      | <u>+</u>              | - <u> </u>      | .j              | ļ              |                                    |                |               |   |                       | ļ                                  | ļ                          |                        | . <u>.</u>              |               |          |          | ļ        | - <u>+</u> | <u>+</u>                              |       | ļ        | ļ          |               |          |               |
| City   | <u> </u>                                      |                       | <u> </u>        |                 | <u> </u>       |                                    | Cour           | ntry          |   |                       | L                                  | ļ                          | <b>.</b>               | <u> </u>                |               |          |          | <u> </u> |            |                                       |       | <u> </u> | . <u> </u> |               |          | ]             |
| Please apply my Mailing Address for: (Pleas<br>All Accounts<br>Only for the following Accounts:  | e ✓ one)                                      |                       |                 |                 |                |                                    |                |               |   |                       |                                    | 1                          |                        |                         |               |          |          |          |            |                                       | I     |          |            |               |          |               |
|  |   | L                     | <u> </u>        |                 |                |                                    |                |               | <u> </u>                                      | <u> </u>              | <u> </u>                           | l                          |                        | L                       | <u> </u>      | <u> </u> | <u> </u> |          |            |                                       |       | <u> </u> | <u> </u>   | <u> </u>      | .i       | 1             |
|  |   | I                     |                 |                 |                |                                    |                |               |   |                       | I                                  |                            |                        |                         | 1             |          |          |          |            |                                       |       |          |            |               | 1        |               |
|  |   |                       |                 |                 |                |                                    |                |               |   |                       |                                    |                            |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          | _             |
| Part 3: Change Contact Details   |   | 1                     | :               | : :             |                |                                    |                | 1             |   |                       |                                    | :                          | !                      | :                       | :             | !        | 1 1      | :        | 1          | :                                     |       | :        |            | :             | 1        | :             |
| Mobile Number <sup>^</sup> + (Country Code) (Te  | ephone Number)                                |                       | <u> </u>        |                 |                | <u> </u>                           |                | <u> </u>      | Но  | me N                  | lumbe                              | ļ                          | itry Cod               | le)                     | l             | -        | (Telepi  | hone N   | umber)     |                                       |       |          |            |               |          |               |
| Office Number +  | ephone Number)                                |                       | <u> </u>        |                 |                |                                    |                | <u> </u>      | ]   |                       |                                    |                            |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          |               |
| Email Address^   | <u>                                      </u> | <u> </u>              |                 | <u>]</u>        | <u> </u>       |                                    |                |               |   |                       | <u> </u>                           | <u> </u>                   | <br>                   | _                       |               |          |          | <u> </u> |            |                                       |       | <u> </u> |            |               |          | ]             |
| <sup>^</sup> The new Mobile Number and Email Addres<br>to a particular contact detail type will <u>supe</u><br>notifications.              |   |                       |                 |                 |                |                                    |                |               |   |                       |                                    |                            |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          |               |
| Part 4: Other Accounts Please ✓ one or m   | ore where                                     | app                   | licabl          | e to i          | upd            | ate c                              | hang           | ges i         | n pa  | art (                 | 2) an                              | d (3)                      | only                   | /                       |               |          |          |          |            |                                       |       |          |            |               |          |               |
| Etiqa Insurance Pte Ltd<br>(Update with changes from Part 2 & 3 only)  |   |                       | Addi            | late w<br>ess u | ith c<br>pdat  | n Eng<br>hange<br>e mus<br>ticular | s froi<br>t be | m Pa<br>e acc | rt 2 &<br>ompa                                | : 3 or<br>nied        | ly)<br>by or                       | iginal                     | "SG                    | x                       |               | All      | Mayt     | bank     | Priv       | vat e                                 | We    | alth     | acco       | ounts         | 5        |               |
|  |   |                       |                 |                 |                | Branc                              |                |               |   |                       | - ,                                | ,                          |                        | ,<br>                   |               |          |          |          |            |                                       |       |          | _          |               |          |               |
| Part 5: Authorisation and Declaration  |   |                       |                 |                 |                |                                    |                |               | Fo  | r Ba                  | nk's I                             | Use                        |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          |               |
| I agree and allow the Bank to disclose informa<br>Branch) and Maybank Kim Eng Securities Pte<br>copy of this signed form, so that they car | Ltd (wher                                     | re ap                 | plicat          | ole) b          | y gi           | ving t                             | hen            | n a           | Tic   |                       | -                                  | oplica                     |                        |                         |               | <u> </u> |          |          |            |                                       |       |          |            |               |          |               |
| instructions indicated in Part 4 of this form.   | i update t                                    |                       | reco            | us a            |                |                                    |                |               |   |                       |                                    | $P(\gamma)$ .              |                        |                         |               |          |          |          |            |                                       |       |          |            |               |          |               |
|  | l agree th                                    | hat t                 | he Ba           | nk or           | the            | e com                              | pan            |               |   | Remo                  | ve Ho                              | PSC2 ·<br>Id Mai           | l tagg                 | ged a                   |               |          |          | -"       | 211.2      |                                       | unto  |          |            |               |          |               |
| listed above may verify my signature again   | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag         | ve Ho<br>; TLAS                    |                            | l tagg<br>date (       | ged a<br>Custo          | omer          | 's Ao    | dress    |          |            |                                       | unts  |          |            |               |          |               |
|  | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag         | ve Ho<br>; TLAS                    | ld Mai<br>T "Up            | l tagg<br>date (       | ged a<br>Custo          | omer          | 's Ao    | dress    |          |            |                                       | unts  |          |            |               |          |               |
| listed above may verify my signature again instructions. I declare that the above inform   | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag         | ve Ho<br>; TLAS                    | ld Mai<br>T "Up            | l tagg<br>date (       | ged a<br>Custo          | omer          | 's Ao    | dress    |          |            |                                       | unts  |          |            |               |          |               |
| listed above may verify my signature again   | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag         | ve Ho<br>; TLAS                    | ld Mai<br>T "Up            | l tagg<br>date (       | ged a<br>Custo          | omer          | 's Ao    | dress    |          |            |                                       | unts  |          |            |               |          |               |
| listed above may verify my signature again instructions. I declare that the above inform   | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag         | ve Ho<br>; TLAS                    | ld Mai<br>T "Up            | l tagg<br>date (       | ged a<br>Custo          | omer          | 's Ao    | dress    |          |            |                                       | unts  |          |            |               |          |               |
| listed above may verify my signature again instructions. I declare that the above inform   | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag<br>Remo | ve Ho<br>g TLAS<br>ve Ho<br>instru | ld Mai<br>T "Up            | tagg<br>date (<br>tagg | ged a<br>Custo<br>ged o | omer<br>n the | 's Ac    |          | g acc    |            |                                       |       |          |            |               |          |               |
| listed above may verify my signature again instructions. I declare that the above inform   | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag<br>Remo | ve Ho<br>TLAS<br>ve Ho             | ld Mai<br>T "Up<br>Id Mail | tagg<br>date (<br>tagg | ged a<br>Custo<br>ged o | omer<br>n the | 's Ac    | dress    | g acc    |            |                                       |       | Check    | ked B      | У             |          |               |
| listed above may verify my signature again instructions. I declare that the above inform   | l agree th<br>nst their                       | hat t<br>reco         | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag<br>Remo | ve Ho<br>g TLAS<br>ve Ho<br>instru | ld Mai<br>T "Up<br>Id Mail | tagg<br>date (<br>tagg | ged a<br>Custo<br>ged o | omer<br>n the | 's Ac    |          | g acc    |            |                                       |       | Check    | ked B      | У             |          |               |
| listed above may verify my signature again instructions. I declare that the above inform   | I agree th<br>nst their<br>ation prov         | hat t<br>reco<br>ided | he Ba<br>ords b | nk or<br>efore  | the<br>ac      | e com                              | pan            |               |   | Remo<br>Jntag<br>Remo | ve Ho<br>g TLAS<br>ve Ho<br>instru | ld Mai<br>T "Up<br>Id Mail | tagg<br>date (<br>tagg | ged a<br>Custo<br>ged o | omer<br>n the | 's Ac    |          | g acc    |            |                                       |       | Check    | ked B      | У             |          |               |

Maybank Singapore Limited UEN 201804195C

\_Please glue and seal here. Do not staple.\_

## What to do next?

| $\geq$   | Mail this form to us Allow 5 business days for processing Co   | onfirmation letter will be mailed to you<br>upon update |
|--|--|---|
| <ul> <li>Filled in</li> <li>Signed as</li> <li>Signed Pa</li> <li>Attached</li> <li>pas</li> </ul> | <ul> <li>hecklist. Have you:         <ul> <li>all fields?</li> <li>against any alterations?</li> <li>art 5 as per the bank's record and your account mandate?</li> <li>d the required documents for updating</li> <li>ussport (applicable to foreigners)                 <ul></ul></li></ul></li></ul> |   |
|  |  | Page 2 of   |

**BUSINESS REPLY SERVICE PERMIT NO. 00452** 

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MAYBANK Payments & Services Centre 2 (AMK - UCD) ROBINSON ROAD P.O. BOX 479 SINGAPORE 900929

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