CUSTOMER INFORMATION UPDATE FORM

Standard Chartered

Please use **BLOCK LETTERS.**
Mark "CANCELLED" if existing record is no longer applicable.

Date D D M M Y Y Y Y

With effect from D D M M Y Y Y Y , please update my information on file with the Bank as indicated below.

Personal Information

	Existing	Amendment
Title:	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others: (Please specify) _____	☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others: (Please specify) _____
Full Name:		
ID No./ Passport No:		
Date of Birth:		
Nationality:		
Marital Status:	☐ Single ☐ Married ☐ Others: (Please specify) _____	☐ Single ☐ Married ☐ Others: (Please specify) _____

Contact Information

Mailing Address:	☐ Residential Address ☐ Permanent Address ☐ Office Address (To update mailing address, PRIMARY account holder's address details should be provided below.)			
Residential Address:				Post Code:
	City/ County:	Province:	Country:	
Permanent Address:				Post Code:
	City/ County:	Province:	Country:	
Office Address:				Post Code:
	City/ County:	Province:	Country:	
Email Address:				
Contact No:	Residential:	Office:	Mobile:	Fax:

Signature Update *(Please sign within the allocated area using jet black ink.)*

X	X	X

Account(s) to be Updated

The changes above apply to:

☐ **ALL** my/ our accounts. ☐ these account(s) only.

	Currency	Account No.
1.		
2.		

Note:
1. Please provide a copy of identification card/ passport for our file.
2. If Mailing Address is a P.O. Box, customer must provide an office/ residential address for Bank records.

Signature of Account Holder:

Name:

Print

For Bank Use Only

Bank Codes

Branch Code/ Name:

Relationship No.:

Master No.:

Branch/ Requesting Department

Docs Obtained & Checked by: _____

Signature Verified By: _____

Approved By: _____

Date D D M M Y Y Y Y

Account Services/Processing Department

Docs Checked By: _____

Processed By: _____

Approved By: _____

Date D D M M Y Y Y Y

	STAFF	OFFICER
REL		
MASTER		
SUBSI		
SOA		
RISK		
SIGCAP		