

FORM FOR CHANGE OF ADDRESS / CONTACT DETAILS / PERSONAL PARTICULARS

 Kindly note the following: 1) To expedite processing, please complete the required information in the mandatory fields marked (*) below. 2) Please mail the completed form together with a copy of your NRIC (front & back) or Passport to the address as indicated above. If you fax or email this form and the supporting documents to us, please mail the original copy of this form to us duly signed. 3) If thumbprint is used instead of signature, please visit any of our Branches to update. 4) Confirmation letter will be sent to your old and new addresses. 								
Personal Particulars	\$							
* <i>Please tick one</i>	Mr Mrs	Mdm Ms						
Name* (As in NRIC or								
NRIC No./Passport No*								
Date of Birth								
Your New Residenti	al Address							
Block]	Street					
Unit No #	# -	_	Building Name					
Postal Code]	Country					
Your New Mailing A	ddress (for purpose of ser	Address Address Address Street Building Name Country ress (for purpose of sending statements and correspondence) (P.O. Box, V Box and C/O addresses are not allowed) above. If different, please fill in the following: Tess (for purpose of sending statements and correspondence) (P.O. Box, V Box and C/O addresses are not allowed) above. If different, please fill in the following: Tess (for purpose of sending statements and correspondence) (P.O. Box, V Box and C/O addresses are not allowed) above. If different, please fill in the following: Country above. If different, please fill in the following: Country de reason(s): mber(s) (Contact nos : For overseas line, please indicate country code and area code) Email						
Same as residential addre								
Block			Street					
Unit No #			Building Name					
Postal Code]	Country					
If different, please pro	ovide reason(s):							
Your New Contact N	Iumber(s) (Contact nos :	For overseas line, please indicate co	ountry code and area code)					
Home			Email					
Mobile			Fax					
Office								
Your New Employm	ent Information							
Employer Name								
Occupation								
			Finance Limited (SingFinance) (tes is ticked, it will be assured that the update ap					
Account Type	Account No(s)	Account		<u>Account No(s)</u>				
1) Loans Account		2) Fixed De	posit Account					
3) Savings Account		4) Safe Dep	posit Box Account					
5) Other Account(s)		6) All Accou	unts					

Declaration (For joint account, all joint account holders are required to sign below)

I/We hereby declare that the above information and particulars are true and correct and agree that the above update will only be effected <u>Five (5)</u> business days after actual receipt by SingFinance of this original form duly signed together with the relevant supporting documents.

Signature of Main Account Holder NRIC / Passport No.		Signature of Joint Acc NRIC / Passport No.	ount Holder	Signature of Joint Account Holder NRIC / Passport No.				
For Internal Use only								
Received By / Date	Signature Verified By / Date	Checked By / Date	Notification Date	Remark(s):				