

AMENDMENT INSTRUCTIONS FORM

Branch: _____ Date: _____ (dd/mm/yyyy)

Brokerage A/C No.: _____ CDS A/C No.: _____

Account Name: _____

I/we wish to amend details in my/our Brokerage account as indicated below. I/we agree to provide any documents requested by you and abide by the current rules for the conduct of the account.

Item to amend	Current details	New details

Reasons for the amendment: _____

Authorized Signatories:

Name	ID/PPT No.	Signature

FOR OFFICIAL USE ONLY

	Received/verified	Call Back	Input	Authorized
Name:				
Signature:				
Date:	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)	(dd/mm/yyyy)

Call Back details:

- _____
- _____
- _____

Approved Not Approved

