

CUSTOMER INFORMATION MAINTENANCE FORM

*Please complete and return the form to:
Singapore Island Bank - finatiQ.com
P.O Box 1900, Robinson Road Post Office
Singapore 903750*

Name as in NRIC / Passport _____

Customer ID _____

Change in Customer Particulars

Fields marked with * require supporting documentation.

- ☛ For change in name, please visit Branch with the original deedpoll and your NRIC/Passport
- ☛ For change in NRIC/Passport number, please attach a duplicate copy of the new NRIC/Passport
- ☛ Pls tick only if there is a change for the corresponding field

Please tick where applicable

<input type="checkbox"/>	Name as in NRIC*/Passport*	_____
<input type="checkbox"/>	NRIC*/Passport* Number	_____
<input type="checkbox"/>	Contact Numbers	(Mobile) _____
		(Home) _____
		(Office) _____
<input type="checkbox"/>	Occupation	_____
<input type="checkbox"/>	Company Name	_____
<input type="checkbox"/>	Email Address	_____
<input type="checkbox"/>	Mailing Address	_____

<input type="checkbox"/>	Country of Residence	_____

Other Service Requests

<input type="checkbox"/>	Reset Password	_____ As per new address above
<input type="checkbox"/>	Change of Signature (Insert New Signature)	<div style="border: 1px solid red; width: 400px; height: 50px; margin-top: 10px;"></div>
<input type="checkbox"/>	Other Changes (Please specify)	_____

I confirm that the above change(s) is/are correct and true to the best of my knowledge.

Name _____
Signature / Date
(as per your records with us)

For Official Use - UTD Ops

Updated by _____
 Authorised by _____
 Date _____
 Remarks _____

CF 04/2010

www.finatiQ.com
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