

Please complete the form in BLOCK LETTERS

**NOTES:**

All references to "OCBC" shall mean OCBC Al-Amin Bank Berhad, as the case may be.

All references to "I/We" shall mean the Company whose Registered Name first appears on the top of this Form.

### Part 1: BUSINESS PARTICULAR

Registered Name

Registration No.

Accounts to be updated *(Please tick only one box as applicable)*

- All OCBC accounts
- Only the following OCBC accounts

1. <input style="width: 90%;" type="text"/>	4. <input style="width: 90%;" type="text"/>
2. <input style="width: 90%;" type="text"/>	5. <input style="width: 90%;" type="text"/>
3. <input style="width: 90%;" type="text"/>	6. <input style="width: 90%;" type="text"/>

### Part 2: CHANGE IN CONTACT PERSON *(Authorised to communicate customer information)*

- Add     Remove     Update

Name *(as in NRIC)*

NRIC / Passport

Mobile No.

Email

Telephone No.

- Add     Remove     Update

Name *(as in NRIC)*

NRIC / Passport

Mobile No.

Email

Telephone No.

- Add     Remove     Update

Name *(as in NRIC)*

NRIC / Passport

Mobile No.

Email

Telephone No.

- Add     Remove     Update

Name *(as in NRIC)*

NRIC / Passport

Mobile No.

Email

Telephone No.

### Part 3: CHANGE IN FAX NUMBER/ADDRESS

- Add Fax Number
- Remove Fax Number
- The above applies for Trade Related Fax Number

Mailing Address *(DO NOT use P.O. Box)*

Business Operating Address *(if differs from Mailing Address)*

Postal Code

### Part 4: CHANGE IN AUTHORISED SIGNATORIES/SIGNATURE/SIGNING MANDATE

Signing Conditions *(Please tick only one box as applicable)*

- No Change     All Jointly     Others
- Any One (1)     Any

Action	Authorised Signatories Details		Signing Limit <i>(if any)</i>	Group <i>(if any)</i>	Specimen Signature <i>(Sign within the box)</i>
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	Full Name				
	NRIC				
	Designation				
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	Full Name				
	NRIC				
	Designation				
<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Update	Full Name				
	NRIC				
	Designation				

### Part 5: OTHER REQUEST/MAINTENANCE

#### 1. Reprint Hardcopy Documents

<u>Document Type</u>	<u>Month/Year</u>
<input type="checkbox"/> Account Statement	
<input type="checkbox"/> Audit Confirmation	

**Note:** Fees & charges may apply

#### 3. Information on the Customer

I/we  consent  do not consent to disclose my/our personal data to OCBC for marketing of products and services distributed by OCBC, which may be of interest to our Company/ Firm/ Business.

#### 2. Documents Mailing Mode *(Please tick only one box as applicable)*

- eStatement  
 Normal Mail  
 Self-Collection at home branch  
*(For each collection, customer is required to provide instruction letter to appoint authorised recipient)*

**Note:** Documents include all auto-generated account statement, tax invoice, and transaction advices

### Part 6: DECLARATION : DIRECTOR/SHAREHOLDING IN THE COMPANY

#### 1. Is there any change in Director in the company?

- Yes *(Provide relevant document (e.g. Form 49) & proceed to Part 7)*  
 No

#### 2. Is there any change in Shareholding in the company?

- Yes *(Provide relevant document (e.g. Form 24, Form 32A/Annual Return) & proceed to Part 7)*  
 No

### Part 7: DECLARATION : BENEFICIAL OWNER(S)

I/We certify and confirm that the following individual(s) ultimately own(s) or has/have effective control over the Account ("Beneficial Owners"):

<input type="checkbox"/> Add <input type="checkbox"/> Update Details <input type="checkbox"/> Remove <b>Name</b> <i>(as in NRIC)</i> <input type="text"/> <b>NRIC/Passport No.</b> <input type="text"/> <b>Nationality</b> <input type="text"/>	<i>For removal, please complete Name &amp; NRIC/Passport No. only</i> <b>Occupation/Public Position Held</b> <input type="text"/> <b>Contact Number</b> Office <input type="text"/> Mobile <input type="text"/>	<b>Residential Address</b> <input type="text"/> Postcode <input type="text"/> <b>Residency Status</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
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<input type="checkbox"/> Add <input type="checkbox"/> Update Details <input type="checkbox"/> Remove <b>Name</b> <i>(as in NRIC)</i> <input type="text"/> <b>NRIC/Passport No.</b> <input type="text"/> <b>Nationality</b> <input type="text"/>	<i>For removal, please complete Name &amp; NRIC/Passport No. only</i> <b>Occupation/Public Position Held</b> <input type="text"/> <b>Contact Number</b> Office <input type="text"/> Mobile <input type="text"/>	<b>Residential Address</b> <input type="text"/> Postcode <input type="text"/> <b>Residency Status</b> <input type="checkbox"/> Resident <input type="checkbox"/> Non-resident
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- \* If the list is more than spaces provided, please attach separate listing.
- \* Please furnish certified true copies of their identity documents.

## Part 8: CUSTOMER DECLARATION & CONSENT

1. I/We have voluntarily provided my/our personal data to OCBC and consent to OCBC processing my/our personal data for the purpose of this maintenance. If I/we do not provide any data required in this maintenance, OCBC may not be able to proceed further on my/our request for this maintenance. I/We have read OCBC's Privacy Policy and confirm that I/we have been notified of the following matters via the Privacy Policy (i) OCBC may collect my/our personal data directly from me/us or from third party sources; (ii) purpose for which my/our personal data is collected; (iii) my/our right to access my/our personal data and correct it; (iv) the class of third parties to whom OCBC may disclose my/our personal data; (v) the choices and means for limiting the processing of my/our personal data; (vi) whether the personal data requested is obligatory or voluntary, and if obligatory, the consequences for not providing such data; (vii) to update my/our personal data as soon as there are changes; and (viii) OCBC's contact details if I/we wish to make inquiries or give feedback.
2. I/We irrevocably grant consent to the relevant credit reporting agency(ies) (as defined under the Credit Reporting Agencies Act, 2010) ("CRAs") with whom OCBC conduct credit checks to disclose my/our credit report/information to OCBC for the purpose of this maintenance and for OCBC's risk management and review. OCBC is hereby authorised but is under no obligation to convey my/our consent and the purpose of such disclosure to the relevant credit reporting agency(ies).
3. I/We have provided data of other individuals such as my/our director(s), shareholder(s), relevant manager(s), partner(s), office bearer(s), officer(s), Authorised Person(s), Authorised Signatory(ies) and Authorised User(s) for this application, I/we confirm that I/we have obtained consent from them (i) to disclose their personal data to OCBC to be processed for purposes of the products and services with OCBC and in accordance with OCBC's Privacy Policy; (ii) for OCBC's verification of their personal data with credit agencies and have obtained their consent for the relevant CRAs to disclose their credit report/information to OCBC for the purpose of this maintenance and for OCBC's risk management and review; (iii) for OCBC to disclose their personal data to classes of third parties described in OCBC's Privacy Policy. I/We have also informed them to read OCBC's Privacy Policy posted on OCBC's website and available at OCBC's branches on request.
4. I/We confirm that the Authorised Person(s), Authorised Signatory(ies), Authorised User(s) have consented to disclose their personal data to OCBC for marketing of products and services distributed by OCBC, which may be of interest to our Company/Firm/Business. I/We have informed them that they may at any time withdraw such consent.

### Authorised by:

Signature [Authorised Person]	Signature [Authorised Person]	Signature [Authorised Person]
Name <i>(as in NRIC)</i>	Name <i>(as in NRIC)</i>	Name <i>(as in NRIC)</i>
Date	Date	Date

### FOR BANK USE ONLY

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Changes in Contact Person/Address<br><i>(WFI: Change of Address/Customer Details)</i> | <input type="checkbox"/> Changes in Signatories/Signature/Signing condition/Declaration/<br>Beneficial Owner(s)<br><i>(WFI: Change of Signatory/Mode of Operations)</i> | <input type="checkbox"/> Request for Audit Confirmation<br><i>(WFI: Audit Confirmation)</i> |
|--|---|---|

Please complete this section only if there is a change to any of the code/ corporate status. If there is no change, please leave this section blank.

SSIC	<input type="text"/>	BNM Sectorial Code	<input type="text"/>	Class & Sub-Class Code	<input type="text"/> - <input type="text"/>
MSIC	<input type="text"/>	BNM Counterparty Code	<input type="text"/>	Start-up Financing Code	<input type="text"/>
Corp Status	<input type="checkbox"/>				

### For Branch/BU Use (with signing code, if applicable)

### For Operations Use

Processed By / Date

Authorised By / Date

Branch / Dept Name

Signature Verified By / Date