Standard Chartered

ACCOUNT SERVICES FORM

Date _____

CUSTOMER DETAILS

Account Name _____

Account Number | | | | | | | | | | | |

Date of Birth | | | / | | | / | | | Mother's Name _____
D D M M Y Y

MAILING INSTRUCTION

Please update as follows: ☐ With immediate effect ☐ With effect from _____

MAILING ADDRESS :

_____

_____

Office : Telephone | | | | | | | | Ext | | | | | Fax | | | | | | | |

Residence : Telephone | | | | | | | | Mobile | | | | | | | | | | |

E-mail : _____

PERMANENT ADDRESS : _____

_____

RESIDENCE ADDRESS : _____

_____

Statement frequency ☐ Yearly ☐ Half yearly ☐ Quarterly ☐ Monthly

Special instructions _____

SIGNATURE CHANGE

Please update my/our new signature(s) as follows:

Signature of first account holder	Signature of joint account holder

STANDING ORDER CANCELLATION

Please cancel standing order for _____ (currency & amount) due on _____ (date) favoring _____

AUTHORITY

I/We have authorised the above instructions.

_____ _____

Customer Signature (s) Date

BANK USE ONLY

Signature verified ☐ Master ☐ Subsidiary ☐ Sigcap ☐ Standing Order ☐

IC: 100/08 Retail 02-2010