Standard Chartered

CUSTOMER'S INSTRUCTION FORM

Please use ***BLOCK LETTERS.***
* Please " √ " where applicable and delete if not applicable

Date D D M M Y Y Y Y

Branch

Account Holder's Details

Full Name:
(Mr. / Mrs. / Ms. / Others: _____)

First Name | Middle Name | Last Name

With effect from D D M M Y Y Y Y / immediate effect, please change my information recorded with you as indicated below :

Please tick at the white box where there are information to be updated and fill in the new details in that section.

☐ Personal Details Update

Full Name:
(Mr. / Mrs. / Ms. / Others: _____)

First Name | Middle Name | Last Name

ID Card No. / Passport No.

Marital Status ☐ Single ☐ Married ☐ Others (Please specify) _____

Expiry Date of
ID Card No./ Passport No.

Nationality

☐ Contact Details Update

Residential Address		Office Address		Other Mailing Address	
House No. & Plot No.	Street & Area	House No. & Plot No.	Street & Area	House No. & Plot No.	Street & Area
P.O. Box & Country		P.O. Box & Country		P.O. Box & Country	

My mailing address should follow the ☐ Residential Address ☐ Office Address ☐ Other Mailing Address

Residential Telephone

Office Telephone

Mobile

Fax

E-mail Address

☐ Statement Frequency Update

Please change the Statement frequency to ☐ Daily ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Half Yearly ☐ Yearly

☐ Account Operation Update

Kindly add/ delete the name of _____ to/ from the Account mentioned below. This Account will now be operated by:

(i) _____ (ii) _____

☐ Signature Update

Please add/ update the new signature in your records.

Existing	New

(Please provide a copy of your identity card or passport for our records.)

Account(s) to be Updated

☐ The changes above apply to **ALL** my/ our accounts.

☐ The changes above apply to the following accounts only : *(Please delete where not applicable.)*

(i) Current / Savings / Fixed Deposit / Others (Please specify) : _____ A/C No. Currency Account Number:

(ii) Current / Savings / Fixed Deposit / Others (Please specify) : _____ A/C No. Currency Account Number:

My Safe Custody Item information with the Bank (if any) :

Safe Custody Item No Branch

Signature of First/ Sole Account Holder	
Name:	Name:

CUIF ver1.0

Bank's Copy

Note 1 : All borrowers must sign for all Joint Account.
Note 2 : Mailing address is to PO Box, customer must provide us a residential/ office address for our bank record.

For Bank Use Only

Relationship No.:					
	Branch	Receiving Branch:	Signature Verified by:	Supporting Documents Obtained & Checked by:	Approved by:
	Hub	Processed on: D D M M Y Y Y Y	Data Input by:	Checked by:	Approved by: