CHANGE OF CONTACT INFORMATION

For the Bank's Use Only
Branch Code
Date of Form Received
CIF No.

To : Chong Hing Bank Limited ("Bank")
Please complete in English BLOCK letters and"✓"where appropriate and return the completed form to any of the Bank branch.

Date : _____

Part A Customer Information * Please delete where appropriate	For the Bank's Use Only

Full Name : _____

*Identity Card / Passport / Business Registration Certificate / Other No.: _____ Issue Country : _____

(Please allow 4 working days for the Bank to effect the change upon receipt of the form.)
   For other effective date, please specify (DD/MM/YYYY) :   /   /

US Nationality
☐ Yes
☐ No

Part B   Details of Change

US Res Tel
☐ Yes
☐ No

Contact Number: For overseas number, please specify country and area code [if any]

Residential Telephone _____   Office Telephone _____
                        Country Code   Area Code   Country Code   Area Code

Fax No. _____   Mobile No. _____
          Country Code   Area Code   Country Code   Area Code

Other Contact No. _____   Email Address _____
                    Country Code   Area Code

US Office Tel
☐ Yes
☐ No

US Mobile
☐ Yes
☐ No

Change Address Details (More than one item can be selected) :

Address Type:
☐ Permanent Address   ☐ Residential Address   ☐ Residential & Correspondence Address
                              (Only applicable to Personal/Joint account)   (Only applicable to Personal/Joint account)
☐ Office Address   ☐ Office & Correspondence Address   ☐ *Correspondence Address
☐ Register Address (Only applicable to Company account)

Address Details:
Room / Flat ☐☐☐☐   Floor ☐☐☐   Block ☐☐☐☐

Name of Building ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Street Name & No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

District ☐☐☐☐☐☐☐☐☐☐☐   ☐Hong Kong ☐Kowloon ☐New Territories

For Overseas Address Only:
Country and Postal Code ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

US Res/ Corr Add
☐ Yes
☐ No

*If post office box is used as correspondence address, residential / office address must be provided for the Bank's records. However, post office box address is not accepted for credit card and all types of loan accounts.

Part C   Change Instruction

Please update the above change(s) to the records of the following account(s):

☐   **ALL (☐personal ☐joint) / (☐company)** account(s), loans and personal credit card accounts (if any) (except Safe Deposit Box, Corporate Credit Card account, MPF account, i-Banking Services under Joint Authorities[3], other account and service of the Bank's subsidiaries and joint venture[4], e.g.: account of Chong Hing Securities Limited, service of Chong Hing Insurance Limited and Hong Kong Life Insurance Limited) maintained with the Bank under the above-mentioned Identification Document Number (s).

☐   The following specified account(s) / Personal Credit Card account(s) / Safe Deposit Box / Stock Custody and Nominee account, maintained with the Bank:

   A/C Number: 1._____   2._____   3._____

   Safe Deposit Box: Branch _____   Box No. _____

(S.V.)   (S.V.)

Signature of Customer   Signature(s) of Joint A/C Holder(s)   (If Joint Signatures are required) /
*Account No.:   Signature(s) of Co-borrower(s)   (All Borrowers must sign)
                                         *Account No.:

* Please specify any one of the Account numbers to which the above signature(s) can apply if different signature is used.

Notes: 1.   For Company Account, the change(s) only apply(ies) to Account(s) with the valid signature(s) above.
   2.   For Credit Card Account (excluding corporate credit card), the primary cardholder must sign. Addresses of all credit card accounts in the name of the primary cardholder will be changed simultaneously.
   3.   For customers using i-Banking Services under Joint Authorities, please complete 'Internet Banking Services Change Instruction(s) Form' for changing correspondence address.
   4.   For MPF Account, Account of Chong Hing Securities Limited, service of Chong Hing Insurance Limited and Hong Kong Life Insurance Limited, please fill in respective form of "BCT", "Chong Hing Securities Limited", "Chong Hing Insurance Company Limited" and "Hong Kong Life Insurance Limited".

For the Bank's Use Only	☐ In Person, ID Verified ☐ By Third Party# ☐ Mail In#	Checked by:	Staff No.:

Call Back#:	Branch/Corporate Team:	Handled by:	Handler's Telephone No.:	Date & Time Confirmed:	Customer's Contact Person:	Customer's Contact Tel:

For MCIS Use Only			For PCCB / SDB Domicile Branch Use Only		
Inputted by: _____	Authorized by: _____	Date Completed:_____	Inputted by: _____	Checked by: _____	Date Completed: _____