

CHANGE IN CLIENT INFORMATION (For Individual Clients) (Please fill in BLOCK LETTERS only)																																
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Declaration

Applicant Signature

I/We hereby declare that all the details provided in this form are true and correct and supported by valid documents enclosed with this form. I/We accept and agree that this declaration shall be in addition to any other declaration provided by me/us with respect to the facility provided by Standard Chartered Bank and agree to indemnify and keep the Bank indemnified from any loss, damage, claim, action, costs, charges and expenses which the Bank may suffer or incur as a result of any defect/misrepresentation made by me/us in the above declaration. I/We also understand that my new Resident/Permanent/Office address shall be updated across all the linked accounts/lockers where I am an account holder or Loans or Credit Cards held by me.

I/We understand and agree that the mailing address can be changed by any of the account holders (Primary or Joint) and the same shall apply only to the account numbers mentioned in this application. In case the Account operating mandate is "JOINT" the request will have to be signed by all the joint holders.

I/We understand that this change would be affected in the Bank's records within a period of 5 working days from the date of this request, subject to the correctness and completeness of the information/documents provided by me and subject to the Bank's requirements/verifications. Till such time, any communication by the Bank will continue to be dispatched to the previous mailing address on the Bank's records.

Signature	(1 st Appli	cant)			Sign	ature (2 nd App	icant)		Signature (3 rd Applicant)					
Note: Change in Persona account holder signatures							der. Change	of Mailing a	ddress can be	signed by jo	oint account holder as well. All				
FOR OFFICE USE O	NLY														
Received at SCB	Branch					Date				Time					
Received From	Client		Reg Mail		g Mail		Book	ived by	PSID						
Received From	Bearer			Post			Rece	ived by	Name						
Call Back Details	(Strike i	f Not	Applica	able)		•									
From Office No							Sig	nature							
Date & Time															
Client Tel No Reg	ther														
Name of the Pers	cted														
2FA Identification	Yes		No												
Name as per REL															
Operating Mandat	ie														
Instruction Signed	by		Client/I	POA											
Call Ba			ack		;	Superv	isor		Sign Veri	fier	Sign Re-Verifier				
PSID															
Sign Off															