

Declaration

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.

Applicant Signature

Signature (1st Applicant)	Signature (2nd Applicant)	Signature (3rd Applicant)
<small>Note: Change in Personal Particulars must be signed by the respective account holder. Change of Mailing address can be signed by joint account holder as well. All account holder signatures are required only in case of Joint Operating Mandate.</small>		

FOR OFFICE USE ONLY

Received at SCB Branch				Date			Time		
Received From	Client		Reg Mail		Received by	PSID			
	Bearer		Post			Name			
Call Back Details (Strike if Not Applicable)					Signature				
From Office No									
Date & Time									
Client Tel No Registered/Other									
Name of the Person Contacted									
2FA Identification		Yes		No					
Name as per REL ID									
Operating Mandate									
Instruction Signed by		Client/POA							
	Call Back		Supervisor		Sign Verifier		Sign Re-Verifier		
PSID									
Sign Off									