

# CIS 2: CONTACT DETAILS UPDATE FORM (COMPANIES/ASSOCIATIONS)

To: DBS Bank Ltd – Account Services, 2 Changi Business Park Crescent, #07-05 DBS Asia Hub, S(486029)

## APPLICANT'S PARTICULARS

Company Name: MCST PLAN NO. 2739 UEN / Business Reg. No: T03MC2739H

## UPDATE CONTACT DETAILS

|                    | Please tick (✓) one*<br>(default to "update" if not ticked)             | Country Code                  | Area Code | Telephone number | Contact Person Name |
|--------------------|---|-------------------------------|-----------|------------------|---------------------|
| OFFICE             | <input checked="" type="checkbox"/> Update <input type="checkbox"/> Add | +65                           |           | 6223 0169        |                     |
| FAX                | <input type="checkbox"/> Update <input type="checkbox"/> Add            |                               |           |                  |                     |
| MOBILE             | <input type="checkbox"/> Update <input type="checkbox"/> Add            |                               |           |                  |                     |
| EMAIL (Mandatory)^ |   | chongsin.lau@smartproperty.sg |           |                  |                     |

## UPDATE MAILING ADDRESS

**Mailing Address:** (for sending statement and correspondence)

**Note:** P.O. Box address is not acceptable as a mailing address if your business Registered Address is a PO Box

Block 38C Level 03 Unit no: 01 Postal Code: 577180  
Street: JALAN PEMIMPIN  
Country: SINGAPORE

Please update the **mailing address** for: < tick (✓) one only. Default to "All Account(s)" if not ticked >

- ☒ **All** Account(s), Service(s) & Banking Facility(ies)#
- ☐ **Only** the following Account(s), Service(s) & Banking Facility(ies)#

| Type of Accounts: | Account No: |
|-------------------|-------------|
|                   |             |
|                   |             |

## UPDATE REGISTERED ADDRESS

☐ As per mailing address stated above.

Block \_\_\_\_\_ Level \_\_\_\_\_ Unit no: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Street: \_\_\_\_\_  
Country: \_\_\_\_\_

## SIGNATURES OF AUTHORISED SIGNATORIES

Note: Signature of the signatory will be verified against the specimen signature per Bank records

Name(s) of signatory(ies): \_\_\_\_\_

Date: \_\_\_\_\_

Company Stamp  
(where applicable)

| FOR BANK'S USE ONLY                    |                                   |
|--|-----------------------------------|
| Account No. (for signature reference): | Branch Name/Branch Code           |
| Attended By (Name/Signature/Date)      | Approved By (Name/Signature/Date) |

\* Update : The contact details provided will supersede all existing record

^ Email address provided will be used to receive notification alerts, where applicable

# Exclude products and services for DBS Vickers and insurance companies.



CIS-02(05/2019)