

SECURITIES ACCOUNT MAINTENANCE FORM (CSD FORM 2)

Client CSD Securities Account No.:

Securities Account Name:

Update: (please tick where applicable)

(Provide information in spaces below)

Contact Numbers

Address

Other Specify

Bank Details

Name Change

New / Additional Information

Declaration:-

I / We hereby

- (i) request to update my/our securities account information
- (ii) affirm that information in the form is correct
- (iii) undertake to notify the Depository Participant of any change of particulars or information provided by me/us in this form

Name:

Signature/Thumbprint:

Date:

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(DDMMYYYY)

Name:

Signature/Thumbprint:

Date:

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(DDMMYYYY)

For Depository Participant Use Only

Verified by:

Name: Sign:

Date:

--	--	--	--	--	--	--	--

(DDMMYYYY)

Stamp:

For CSD Use Only

Name: Sign:

Date:

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(DDMMYYYY)

Please attach relevant supporting documents.