

UPDATE FORM

Please complete in **BLOCK LETTERS** and tick (✓) where applicable.

1. PARTICULARS OF HOLDER(S)

Principal Holder/Company Name:

Holder Account No.:

Joint Holder(s) (for individual account):

Contact No.:

2. DETAILS TO BE UPDATED

Update Permanent Home/Residential Address

Update Mailing Address

Update Registered Address/Business Address

Address : _____

Town/City : _____ Postcode: _____

State : _____

Address : _____

Town/City : _____ Postcode: _____

State : _____

Update Contact Details

Tel No. : - (house) - (mobile)

- (office) - (fax)

E-Mail Address* : _____

* The E-Mail Address provided hereof shall be your latest email correspondence and shall supersede all other email address provided before to the Company.

Update Account Operating Instruction (for corporate account, please attach a copy of Board Resolution)

Principal Holder only

Either one to sign

All to sign

Others (please specify _____)

I/We hereby revoke my/our consent to receive e-Reports.

3. SIGNATURE(S)

I/We declared that the information provided above is accurate and complete and that I/We are the Authorised Signatory to the Account.

For corporate, please affix company stamp here

| |
|-----------|
| Signature |
| |

Name:

NRIC/Passport No.:

Date:

| |
|-----------|
| Signature |
| |

Name:

NRIC/Passport/Birth Certificate No.:

Date:

| |
|-----------|
| Signature |
| |

Name:

NRIC/Passport/Birth Certificate No.:

Date:

FOR ARECA AUTHORISED UNIT TRUST SCHEME CONSULTANT USE

| AUTHORISED UNIT TRUST SCHEME CONSULTANT DETAILS | |
|---|------------------------------------|
| Signature/Initial: | Unit Trust Scheme Consultant Code: |
| Name: | |

FOR OFFICE USE BY ACSB

| FOR AUTHORISED OFFICER USE ONLY | |
|---------------------------------|-------------------|
| Processed by: | Transaction Date: |
| Notes: | |

All duly signed written instructions must reach the business office of ACSB before 3.00pm for it to take effect on the same Business Day.