GENERAL BANKING

CORPORATE ACCOUNT INFORMATION UPDATE FORM





Corporate Account Information Update Form Please complete all sections in Block Letters and mark "✓" where applicable

BUSINESS PARTICULARS		
Registered Name of Business:		
UEN/ Registration Number:		
Account Name: (if different from registered na	ime)	
CHANGE(S) TO A Update Authorised Co	AUTHORISED CONTACT PERSONNEL ontact Information	
All Accounts		
Contact Person 1 ☐ Add ☐ Update	☐ Remove	
Name		
NRIC/ Passport No.		
Designation		
Email *		
Office	(Contact Number)	(Ext)
Mobile		
* Preferred email to receiv	e eStatement	
Contact Person 2 Add Update	☐ Remove	
Name		
NRIC/ Passport No.		
Designation		
Email *		
Office	(Contact Number)	(Ext)
Mobile		



Contact Person 3			
☐ Add ☐ Up	odate \square Remove		
Name			
NRIC/ Passport No.			
TARIC/ FUSSPOTT NO.			
Designation			
Email *			
Office		(Contact Number)	(Ext)
Mobile			

* Preferred email to receive eStatement

For new Authorised Contact Personnel:

Effective from the date hereof, I/we, the approving person(s) of these Account(s) maintained with HL Bank Singapore hereby irrevocably and unconditionally authorise the Bank (without the Bank being obliged) to receive and communicate account information ("Communication") given from/with or purporting to be from/with the Authorised Contact Personnel appointed, with or without separate independent verification by the Bank's officers as to the genuineness of such Communication, so long as the Bank's officers receiving or acting on such Communication believed the Communication to be genuine at the time it was given. I/We shall be bound by any acts or omissions taken by the Bank in reliance on such Communication, regardless whether such Communication has been given by me/ us or with my/our authority or consent and regardless whether such Communication is forged, fraudulent, ambiguous or misunderstood, provided that the Bank's officers receiving or acting on such Communication believed the Communication to be genuine at the time it was given.

This authority shall take immediate effect and continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. I/We undertake to keep HL Bank Singapore informed of any change to the particulars of the Authorised Contact Personnel provided in this form. The Bank will not be held responsible in any manner for my/our failure to notify the Bank of such change.

The personnel whose information appear(s) in the Authorised Contact Personnel to Receive and Communicate Account Information section in this form shall at any time be authorised to perform and effect the following services for and on my/our behalf of me/us:

- Account balance enquiry Account number enquiry
- Account statement request
 Transaction status enquiry
- Account fee waiver enquiry/request

I/We confirm that the abovementioned Authorised Contact Personnel appointed has/have sufficient authority to receive and communicate account information stipulated in this form for and on my/our behalf and all such Communication shall be binding and conclusive on me/us.



2 CHANGE(S) TO AUTHORISED SIGNATORY(IES)/ SIGNATURE(S)/ SIGNING MANDATE(S)

For additional signatories, please list all person(s) authorized to sign or accept for and on behalf of the company/association/society/firm cheques, bills of exchange, orders to pay and any other instruments in respect of the Account(s). This shall be in addition to existing Authorised Signatories to the Account(s).

All Accounts

Selected	Accounts (plea	ase specify accou		
1)			3)	
2)			4)	
<u>Signatory 1</u>				
□ Add	☐ Update	Remove		
Signature				
Name:				
NRIC/ Passpor	t No.:		_	
Designation:				
Group (e.g. A,	B, or C):			
Signatory 2	□ Update	□ Remove		
Signature				
Name:		_		
NRIC/ Passpor	† No.:			
Designation:				
Group (e.g. A	, B, or C):			
<u>Signatory 3</u> ☐ Add	□ Update	☐ Remove		
Signature		L Kome .		
Name:				
NRIC/ Passpoi	rt No.:			
Designation:				
Group (e.g. A	, B, or C):			



Office

Mobile

Relationship to Applicant/ Designation

SIGNING CONDITION	ONS		
☐ Singly	☐ Any Two Jointly	Others (Grouping and signing limits per table below)	☐ There is no change in my/our Signing conditions
Authorisation Limi	t	Signature Re	quirements
☐ Any Amount			
Up to \$			
Above \$	Up to \$		
Above \$	Up to \$		
Above \$	Up to \$		
according to the signaccept or make for a instructions (even if, vaccount is or will be at though the payment order of any signing in any way in respective cheques, bills of excl. The person(s) whose services opted by me abovementioned Achas/have sufficient of behalf and all such to	and confirm that the person ning condition/mandate ind or on my/our behalf all chec where permitted by HL Bank come overdrawn) in respec- tis for the benefit of any em- person without the Bank har t of such payment and the nange, orders to pay and a information appear(s) above e/us at any time and from ti account(s). I/We confirm that authority to perform and effer ransactions shall be binding	dicated above are authorisques, bills of exchange, ord is Singapore ("HL Bank" or "to for in connection with the inployee, authorised person, ving to enquire into the circ Bank be and is authorised to ny other instruments. The inverse authorised to perform to time for and on my/or the abovementioned Authority and conclusive on me/us.	sed to draw, sign, endorse, ers to pay and other the Bank") the relevant e Account(s), even (signatory or individual sumstances or being liable o honour any such orm and effect the above our behalf in relation to the norised Signatory(ies) services for and on my/our
All Accour Personal Particula Add Role(s):	nts ars 1 Jpdate □ Remove		
☐ Shareholder Name	□ Ultimate Benefic	ial Owner 🔲 Direc	JIOI
NRIC/ Passport No).		

(Ext)

(Contact Number)



Role(s):			
☐ Shareholder	☐ Ultimate Beneficial Owner	□ Director	
Name			
NRIC/ Passport No.			
Office		(Contact Number)	(Ext)
Mobile			
Relationship to Applicant/ Designation			
·	s3 odate 🗆 Remove		
Role(s): □ Shareholder	☐ Ultimate Beneficial Owner	☐ Director	
Name			
NRIC/ Passport No.			
Office		(Contact Number)	(Ext)
Mobile			
Relationship to Applicant/ Designation			
All Accounts	counts (please specify account num		G ADDRESS
·			
Registered Address:			
$\frac{1}{2}$ I/We wish to update	e my/our Mailing Address* dress is the same as my/our Registered A	Address	
I/We wish to update	-	Address	
I/We wish to update My/Our Mailing Add Mailing Address:	dress is the same as my/our Registered A		istered



AUTHORISATION

NRIC/ Passport No.:

Designation:

Date:

To be Signed by Authorised Signatory(ies)

I/We confirm that I/we have read and understood the Bank's General Banking Standard Terms and Conditions Governing Accounts including the Bank's Privacy Policy and agree to abide and be bound by these terms and conditions. I/We agree that the Bank may vary, alter and amend any terms and conditions in its sole discretion.

The above appointments will remain in full force and effect until revoked by us in writing to you.

Other than the changes set out in this form, I/we confirm that there are no changes to the information and documents previously submitted by me/us to the Bank.

I/We hereby confirm that the Board Resolution dated _______ furnished to the Bank remains in force and has not been superseded.

Name: Name:

NRIC/ Passport No.:

Designation:

Date:

For a partnership, all partners are required to sign.

For Bank Use Only	
Attended by:	Verified by:
Date:	Date: