

GENERAL BANKING

CORPORATE
ACCOUNT
INFORMATION
UPDATE
FORM



1 Wallich Street, #29-01 Guoco Tower, Singapore 078881
Tel: 6349 8330 Fax: 6533 9340

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:

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Account Name:
(if different from registered name)

1 | CHANGE(S) TO AUTHORISED CONTACT PERSONNEL

Update Authorised Contact Information

All Accounts

Contact Person 1		
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		
Name		
NRIC/ Passport No.		
Designation		
Email *		
Office	(Contact Number)	(Ext)
Mobile		

* Preferred email to receive eStatement

Contact Person 2		
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		
Name		
NRIC/ Passport No.		
Designation		
Email *		
Office	(Contact Number)	(Ext)
Mobile		

* Preferred email to receive eStatement

Contact Person 3		
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove		
Name		
NRIC/ Passport 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 (please specify account numbers)

1)	3)
2)	4)

Signatory 1

Add Update Remove

Signature
Name:
NRIC/ Passport No.:
Designation:
Group (e.g. A, B, or C):

Signatory 2

Add Update Remove

Signature
Name:
NRIC/ Passport No.:
Designation:
Group (e.g. A, B, or C):

Signatory 3

Add Update Remove

Signature
Name:
NRIC/ Passport No.:
Designation:
Group (e.g. A, B, or C):



Personal Particulars 2

Add Update Remove

Role(s):

Shareholder Ultimate Beneficial Owner Director

Name	
NRIC/ Passport No.	
Office	(Contact Number) (Ext)
Mobile	
Relationship to Applicant/ Designation	

Personal Particulars 3

Add Update Remove

Role(s):

Shareholder Ultimate Beneficial Owner Director

Name	
NRIC/ Passport No.	
Office	(Contact Number) (Ext)
Mobile	
Relationship to Applicant/ Designation	

4 | UPDATE MY/OUR REGISTERED ADDRESS AND/OR MAILING ADDRESS

All Accounts

Selected Accounts (please specify account numbers)

1)	3)
2)	4)

Registered Address:

- I/We wish to update my/our Mailing Address*
- My/Our Mailing Address is the same as my/our Registered Address

Mailing Address:

*Change in registered address must be accompanied with an ACRA Business Profile. Any change in registered address will be updated for all HL Bank accounts.



AUTHORISATION

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:

NRIC/ Passport No.:

Designation:

Date:

.....
Name:

NRIC/ Passport No.:

Designation:

Date:

For a partnership, all partners are required to sign.

For Bank Use Only

Attended by:

Date:

Verified by:

Date: