

Company Registration No. 196400348D

CORPORATE ACCOUNT UPDATE FORM

Kindly note the following:

- 1) To expedite processing, please complete the required information.
- 2) The original completed form duly signed by the Sole-Proprietor, Partners, Directors and/or Authorised Signatories of the Company, as the case may be, together with certified true copies of the required supporting documents such as Resolutions, NRIC, Passport, etc are to be submitted either by hand at any one of our Branches or by post to the address indicated above.
- 3) New Authorised Signatories are required to visit any one of our Branches to sign and have their identification documents sighted by our Branch Officers.
- 4) A confirmation letter will be sent once the requested updates are done.

Particulars of Business Entity

Name of Business Entity
Business Registration Number
Type of Business Entity - *Please tick only one box below:*

- Company under the Companies Act
 Limited Liability Partnership
 Partnership
 Sole-Proprietor
 Association/Club/Society
 MCST
 Others. Please specify: _____

Change of Business Name

New Business Name (As updated in latest ACRA record)
With the change of your Business Name, is there any change in the principal activity(ies) of your business? Please tick only one box below:

- No
 Yes. If Yes, please provide the information below:

My new principal activity(ies) is/are _____

Your New Registered Office Address

(Change in company registered address must be accompanied with an ACRA Business Profile)

Block	<input style="width: 100%;" type="text"/>	Street	<input style="width: 100%;" type="text"/>
Unit No	# <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/>	Building Name	<input style="width: 100%;" type="text"/>
Postal Code	<input style="width: 100%;" type="text"/>	Country	<input style="width: 100%;" type="text"/>

Your New Mailing Address

(for purpose of sending statements and correspondence, P.O. Box, V Box and C/O addresses are not allowed)
 Same as registered office address above. If different, please fill in the following:

Block	<input style="width: 100%;" type="text"/>	Street	<input style="width: 100%;" type="text"/>
Unit No	# <input style="width: 10%; text-align: center;" type="text"/> - <input style="width: 15%; text-align: center;" type="text"/>	Building Name	<input style="width: 100%;" type="text"/>
Postal Code	<input style="width: 100%;" type="text"/>	Country	<input style="width: 100%;" type="text"/>

If different, please provide reason(s): _____

Your New Contact Number(s)

Office	<input style="width: 100%;" type="text"/>	Email	<input style="width: 100%;" type="text"/>
Mobile	<input style="width: 100%;" type="text"/>	Fax	<input style="width: 100%;" type="text"/>
Other Number(s)	<input style="width: 100%;" type="text"/>		



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Change of Company Contact Person

* Please tick one

Dr Prof Mr Mrs Mdm Ms

Name of Contact Person

NRIC No./Passport No

Office Contact No.

Mobile Contact No.

Email Address

Update of Authorised Signatories

Addition of New Signatories

Name of Authorised Signatory (1)

NRIC/Passport No.

Designation

Signature Specimen

Name of Authorised Signatory (2)

NRIC/Passport No.

Designation

Signature Specimen

Signatories to be Removed

Name of Signatory

NRIC/Passport No.

Designation

Name of Signatory

NRIC/Passport No.

Designation

Update to apply to our Account (s) with Sing Investments & Finance Limited (SIFL) as follows:-

Please fill in the account number(s) applicable for the above updates.

<u>Account Type</u>	<u>Account No(s)</u>
1) Conveyancing Account	<input type="text"/>
2) Deposit Account (s)	<input type="text"/>
3) Loan Account (s)	<input type="text"/>
4) Other Account (s)	<input type="text"/>

Declaration

I/We hereby declare that the above information and particulars are true and correct and agree that the above update will only be effected **Five (5) business days after actual receipt by SIFL of this original form duly signed together with the relevant supporting documents.**

Signature of Authorised Signatory _____
Name : _____
Designation : _____
Date : _____

Signature of Authorised Signatory _____
Name : _____
Designation : _____
Date : _____

Signature of Authorised Signatory _____
Name : _____
Designation : _____
Date : _____

For Internal Use only

Received By / Date	Signature Verified By / Date	Checked By / Date	Notification Date	Remark(s):