

Head Office: 96 Robinson Road #01-01 SIF Building Singapore 068899

Customer Service Hotline: 64387060

Fax: 63050419 (Attn: Credit Operations Department) Email address : enquiries@sif.com.sg

Website: www.sif.com.sg

Company Registration No. 196400348D

Kindly note the following:

FORM FOR CHANGE OF ADDRESS / CONTACT DETAILS / PERSONAL PARTICULARS

 To expedite processing, please complete the required information in the mandatory fields marked (*) below. Please mail the completed form together with a copy of your NRIC (front & back) or Passport to the address as indicated above. If you fax or email this form and the supporting documents to us, please mail the original copy of this form to us duly signed. If thumbprint is used instead of signature, please visit any of our Branches to update. Confirmation letter will be sent to your old and new addresses. 						
Personal Particulars * Please tick one						
Dr Prof Name* (As in NRIC or F		Mrs Mdm	Ms			
NRIC No./Passport N	lo*					
Date of Birth						
Your New Residential Address						
Block				Street		
Unit No #				Building Name		
Postal Code				Country		
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 residential addres	ss above. If differen	nt, please fill in the follow	ring:	Street		
Unit No #		1 -		Building Name		
Postal Code				Country		
If different, please pro-	L vide reason(s)	l):		Country		
Your New Contact Number(s)						
Home			1	Email		
Mobile				Fax		
Office						
Your New Employment Information						
Employer Name						
Occupation						
Update to apply to my/our Account (s) with Sing Investments & Finance Limited (SIFL) as follows:-						
(Please tick one or more of the boxes and fill in the required info, where applicable.) If none of the boxes is ticked, it will be assured that the update applies to all Accounts with SIFL						
Account Type 1) Loans Account	Account No(s	<u>5)</u>	Account Type 2) Fixed Deposit A	Account	Account No(s)	
3) Savings Account			Safe Deposit Box Account			
5) Other Account(s)			6) All Accounts			
Declaration (For joint account, all joint account holders are required to sign below) 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 Main Account Holder NRIC / Passport No.			Signature of Joint A NRIC / Passport No		Signature of Joint Account Holder NRIC / Passport No.	
For Internal Use only	1					
Received By / Date	Signature V	/erified By / Date	Checked By / Date	Notification Date	Remark(s):	
	<u> </u>		-1	1	COA-08(03/2019)	