



3/F PACIFIC STAR BUILDING., SEN. GIL PUYAT AVENUE
 CORNER MAKATI AVENUE., MAKATI CITY PHILIPPINES
 TEL : 63-2-811-5807 . FAX : 63-2-811-5815

Customer Contact Information Amendment Form

Date: ____ MM ____ DD ____ YY

I/We agree that the contact information (amendment) of the following information is applied to the Deposit.	
Customer Name	Customer ID <i>(To be filled out by the bank)</i>
<input type="checkbox"/> (Change of) Means of Collecting Account Statement <input type="checkbox"/> Through email address (only one is allowed) _____ <input type="checkbox"/> Through Fax Number _____ <input type="checkbox"/> By handing over to me/us or our representative (Authorization letter should be presented and applicable fees may apply) <input type="checkbox"/> Through post/courier (The Bank is authorized to debit the post/courier handling Charge).	
<input type="checkbox"/> (Change of) Contact Details (FACSIMILE AND ELECTRONICALLY TRANSMITTED INSTRUCTION INDEMNITY IS NOT APPLICABLE.) <input type="checkbox"/> Telephone Number. ____ - ____ - ____ <input type="checkbox"/> Mobile Number ____ - ____ ; ____ - ____ <input type="checkbox"/> Fax Number ____ - ____ - ____ <input type="checkbox"/> Permanent Address _____ _____ <input type="checkbox"/> Mailing Address _____ _____	
The Terms and Conditions are subject to the updated "GENERAL TERMS AND CONDITIONS GOVERNING DEPOSIT ACCOUNTS".	
Signature(s)	