致: 大新銀行有限公司 _____ 分行
To: Dah Sing Bank, Limited _____ Branch

請填妥此表格，並親身交回任何一間大新銀行分行，以便處理。
Please complete this form and return to any Dah Sing branch in Person for processing.

客戶資料更改表格
CUSTOMER INFORMATION AMENDMENT FORM

1. **請預留七個工作天以供辦理補誌紀錄。 Please allow 7 working days for updating bank records.**
2. **請在適當方格內加上剔號。 Please tick where applicable.**
3. *** 請將不適用者刪除。Please delete whichever is inappropriate**
4. **請用英文正楷填寫此表格。 Please complete the form in English block letters.**
5. **若以郵遞方法或對此表格有任何疑問, 本行會以取得客戶確認後才執行此指示。** Customer instruction if given by mail-in or with irregularities will be processed after the Bank has duly confirmed with the customer.

第一部份: 客戶資料 - 請列出所有紀錄在本行之身份証明文件號碼 (此欄必須全部填寫)
PART 1: CUSTOMER INFORMATION - Please write down all identity document number(s) recorded with the Bank (The Whole Section must be completed)

客戶姓名
Customer Name(s) _____

身份証明文件 ☐ **身份証號碼** ID Card No ☐ **護照號碼** Passport No. ☐ **商業登記証** BR No. ☐ **其他** Others (**請註明** please specify)
Identity Document _____

第二部份:更新資料 - 請以正楷填上需更改之資料
PART 2: NEW INFORMATION - Please fill in item(s) to be amended in BLOCK LETTERS

除非於第三部份作特別指示，否則所有本人/等之單名及以下列簽署指示開立的聯名賬戶也會作出相對的改動。賬戶包括存款、貸款、投資、卡類賬戶及電子銀行服務。
Unless otherwise specified in Part 3 below, the requested change as specified in Part 2 will be updated to all my/our sole and joint account(s) under my/our name(s) with same signing instruction. Accounts mentioned include deposits, loans, investment, card accounts and all channel products.

下列更改地址爲本人/等之 ☐ **住宅 (1)** ☐ **辦公室 (2)** ☐ **其他 (3 - 9)**
The amended address listed below is my / our Home (1) Office (2) Others (3 – 9) _____

地址
Address

單位Flat	**層數 Floor**	**座數Block**

(不接受以郵箱作通訊地址)
P. O. Box as mailing address will not be accepted.

大廈名稱 / 屋村名稱Name of Building / Name of Estate

門牌號數 / 街道名稱Street No. / Street Name

☐ **香港 H.K.** ☐ **九龍 Kln** ☐ **新界N.T.**

地區 / 國家District / Country

電話號碼
Telephone No.

住宅Home _____ **辦公室** Office _____
手提電話Mobile _____ ***傳呼機/傳真機** Pager / Fax _____
電子信箱地址e-mail Address _____

第三部份:更改戶口指示 - 請按以下指示補誌上述有關資料
PART 3 : ACCOUNT AMENDMENT INSTRUCTION - Please update the above change(s) to the records as instructed below

☐ 請更改本人以下所指定之賬戶(除非特別註明, 否則所有與此賬戶有關之產品會一併更改) Applies to the following account(s) ONLY (unless specify, all products/services with same account reference number will be updated too)

_____, _____, _____
_____, _____, _____

☐ 如開有保管箱者，請填上保管箱分行名稱及保管箱號碼 If Safe Deposit Box is maintained, please write down the Safe Deposit Box Branch Name and Box Number (s) _____

請預留七個工作天(以收取此表格後計)以作新資料生效。如需要在 7 個工作天後生效，請在右方格內註明： |__|__|/ |__|__|/ |__|__|__|__|
Please allow 7 working days to effect the new information upon receipt. With any other planned effective date, please specify: **日 DD 月 MM 年 YYYY**

S.V.

_____ **(如更改資料涉及聯名賬戶，簽署指示必須與有關的賬戶相同)** _____
客戶簽署 Signature(s) of Customer(s) **(Please use the same signing instructions as the joint a/c concerned)** **日期 DATE**

請註明一個用以上述簽署的戶口號碼 Please specify one account number to which the above signature(s)/signing instruction can apply _____.
如果是聯名貸款賬戶，所有戶主也需簽署此表格。如更改信用卡通訊地址，主卡持有人必須簽署此表格。All signers of joint loan account and principal cardholder, if applicable, must sign on this form.

For Bank Use Only

To be completed by Branch / Receiving Dept Receiving Branch Code: Date Received:

❑ In Person, ID Verified ❑ Mail In / Third Party, Phone Confirmed _____(date)
❑ Unable to Contact. Confirmation Letter Sent Out On _____ Effective date _____
❑ Tel. No. on Signature Card updated by BR Code _____ ❑ Others: _____

Handled & Initial by CS/teller _____ Reviewed and approved by ABM/BM _____(Full) Sig. no._____

To be completed by processing departments (AMS / Credit Card /IPSD/Securities /LCOD/_____) only

Date	Time	Input by	Checked By	Remarks
				Hold Code 60 Yes/No