

## **Application Form to Amend Signature Specimen Card**

Date:

To: The Shanghai Commercial & Savings Bank, Ltd., Singapore Branch (the "Bank"):

The Applicant hereby applies to and requests the Bank to effect the following changes to the following account(s) below, and encloses herewith the relevant supporting documents.

Singapore Dollar Current Account - Account No.:
Foreign Currency Account - Account No:
Others :

(Note: If more than one (1) account is selected, please use a separate application form if the new Account Holder/ Specimen Signature/ Authorised Signatory for each of the above selected accounts is different)

Please effect the following changes to the above selected account(s): Change of Authorised Signatories with the specimen signature of \_\_\_\_\_ Supporting documents: the identification documents (NRIC or Passport) of Authorised Signatories for verification. Additional Authorised Signatories with the specimen signature of \_\_\_\_\_ Supporting documents: the identification documents (NRIC or Passport) of Authorised Signatories for verification. Change of Name of the Account Holder: Supporting documents: if it is a corporate holder, (i) shareholders' resolutions or minutes of shareholders' meeting dated \_\_\_\_\_\_ passing the resolution on the company's change of name; (ii) board resolutions or minutes of board meeting dated \_\_\_\_\_ passing the resolution on the company's change of name; and (iii) business profile dated \_\_\_\_\_ or if it is an individual holder, Deed Poll dated \_\_\_\_\_ with the updated identification card or passport. Change of Specimen Signature(s) of Authorised Signatories as follows: Name of the Authorised Signatories **Revised Specimen Signature** Others:



The above change(s) shall be effected on \_\_\_\_\_\_ and adopted for all subsequent dealings with the Bank, **but all documents including but not limited to the agreements and guarantees entered into by the Applicant prior to such changes taking effect shall remain valid**, and the Applicant hereby unconditionally and irrevocably undertakes with the Bank that he/she/they shall be wholly liable to the Bank for any loss or liabilities whatsoever sustained by the Bank as a result of effecting the above changes.

Yours sincerely,

Authorised person

Name:

Title:

Company/ Firm:

| For Bank's Use Only |                          |                                 |                    |
|---------------------|--------------------------|---------------------------------|--------------------|
| Verified by         | Customer Service Officer | Senior Customer Service Officer | Operations Manager |