



REQUEST FOR CHANGE OF ADDRESS / TEL. NO.(s)

Client's Name		Client's Code	
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Please be informed of my / our change of correspondence address / telephone no.(s):

Old Address : _____

New Address : _____

Tel No (House) : _____

Tel No (Office) : _____

Tel No (Mobile) : _____

I / We confirmed that all the aforesaid information are true and correct.

.....
 Client's Signature

.....
 Date

NRIC No:

FOR OFFICE USE	
Keyed-In By	: Signature
	: Date
Verified & Approved By	: Signature
	: Date