

CLIENT INFORMATION UPDATE FORM

				OFF. CAPTURED
CLIENT NAME				
CC / COMPANY NAME AND REG.NO.				
RESPONSIBLE PERSON DETAILS ID NO. NAME				
CONTACT PERSON NAME / TEL NUMBERS				
PERSONAL SURETY				
ADDRESS POSTAL				
ADDRESS PHYSICAL				
EMAIL ADDRESSES				
BANKING DETAILS (ONLY IF CHANGED)	BANK NAME	BRANCH CODE	ACCOUNT NO.	
OTP REQ			MAIL NOTIFICATION ONLY	
SMS REQ				
NOTE : IF YOU REQUIRE SMS OR OTP NOTIFICATION PLEASE INDICATE			SIGNATURE:	

<i>OFFICE USE</i>	
MONTHLY CHARGE	LINE LIMITS
BATCH FEES	BATCH LIMITS
ENTRY CHARGE	MONTHLY LIMITS
BANK CHARGES	RETENTION /SURETY
UNPAID CHARGE	1 ST PAYMENT
OTHER	2 ND PAYMENT