

**Request Form for Customer Information Change**

Date.....

To: CIMB Thai Bank Public Company Limited ("Bank") Head Office/ Branch.....

**Part 1: Customer Information**

I/We, (Name-surname / Corporate name) .....

**Deposit Account**  All Types of Deposit Account (account number is not required)

 Account No.   -        -  Account Name.....

 Account No.   -        -  Account Name.....

 Account No.   -        -  Account Name.....

**Loan Account**  All Types of Loan Account (account number is not required)

 Account No.    -   -         -  -    Account Name.....

 Account No.    -   -         -  -    Account Name.....

 Account No.    -   -         -  -    Account Name.....

**Remark If the customer has an investment unit or insurance product, the form will be additionally increased according to each product.**
**Part 2: Details of Change Request**

I/We would like to request for a change/ amendment/ addition of the following information in my/our account:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Name/ Surname                                    | <input type="checkbox"/> Telephone No.                   | <input type="checkbox"/> Mailing Address                 | <input type="checkbox"/> Permanent Address / Registered Address |
| <input type="checkbox"/> E-mail Address                                   | <input type="checkbox"/> Change of Loan Payment Due Date | <input type="checkbox"/> Change of Loan Repayment Method |   |
| <input type="checkbox"/> Corporate's Authorized Person / Delegated Person | <input type="checkbox"/> Terms of Payment                | <input type="checkbox"/> Others (pls. specify).....      |   |

**Change to** .....

- 
- Change of signature
- 
- Adding of Signature Specimen for Deposit Customer via Digital Banking Channel

**Existing Signature**

(Not required if account owner is ill and unable to affix existing signature here)

**New Signature / Fingerprint/ Signature Added**
**First Witness** (if change from signature to fingerprint)

 .....  
 (.....)  
 (Customer Service Staff / RM)

**Second Witness** (if change from signature to fingerprint)

 .....  
 (.....)  
 (Senior Customer Services / Team Head or Upper)

- Note** - In case of account owner being ill, a doctor's certificate issued no later than past 7 days is required as additional supporting document.
- In case of account owner being fit and healthy, he/she must provide the correct existing signature to the Bank. In case of failing to do so, it shall be at the discretion of Customer Services Supervisor or upper.
- In case of signature added, it shall be applicable to only savings account opened via digital banking channel.

I certify that the above statements are true in all respects.

 Signature..... Account Owner/Requested By  
 (.....)

**Part 3: For Bank**
**For Branch Staff / RM**

The identity-proofing documents of the account owner and the authorized person have already been verified. It is deemed proper to proceed as requested.

..... (.....) Date..... <p style="text-align: center;">Received By</p>	..... (.....) Date..... <p style="text-align: center;">Recorded into System By</p>	..... (.....) Date..... <p style="text-align: center;">Approved/Reviewed By</p>
---	---	--

**For Domestic Banking Staff**

The identity-proofing documents of the account owner and the authorized person have already been verified. It is deemed proper to proceed as requested.

..... (.....) Date..... <p style="text-align: center;">Received By</p>	..... (.....) Date..... <p style="text-align: center;">Recorded into System By</p>	..... (.....) Date..... <p style="text-align: center;">Approved/Reviewed By</p>
---	---	--

**Required Documents:**

- 1. Copy of national ID card / passport
- 2. Copy of house registration
- 3. Copy of marriage certificate
- 4. Copy of divorce certificate
- 5. Copy of name/surname change certificate
- 6. Copy of certificate of commercial registration issued by the Minister of Commerce (certified by the registrar not exceeding past 30 days)
- 7. Consent letter for debit from bank account, signed by branch staff (in case of changing loan payment method to debit from deposit account)
- 8. Doctor's certificate issued no later than past 7 days
- 9. Others (please specify) .....

**Note:** In case of being unable to change customer information in 1Platform System via branch, the documents should be sent to Domestic Banking (email:GIOD\_DBD\_CIF), **except for the following cases:** Change of loan repayment due date/ method of loan payment: Send documents to Credit Operation.