

Please complete this form and return to any MEVAS Branch **In Person** for processing. 請填妥此表格，並親身交回任何一間豐明銀行分行，以便處理。

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，本行會知會/確認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 notified / 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證明文件號碼(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) \_\_\_\_\_

身份證明文件 Identity Document  身份證號碼 ID Card No  護照號碼 Passport No.  商業登記証 BR No.  其他 Others (請註明 please specify) \_\_\_\_\_

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.

下列更改地址為本人/等之  住宅 Home  辦公室 Office  通訊地址 Correspondence Address  
The amended address number listed below is my / our

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 correspondence 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 \_\_\_\_\_

地區/國家 District / Country  香港 H.K.  九龍 Kln  新界 N.T.

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 \_\_\_\_\_

更新個人資料 Personal Information Update  職業/業務性質 Occupation / Business Nature  Education Level 教育程度  姓名 Name  其他 Others (請註明 please specify) \_\_\_\_\_

請附上有關證明文件(如適用) Please provide us with the relative document(s), if applicable

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

非更改郵寄地址 (只更新存檔紀錄) Not for change of correspondence address (Address Update Only)

請更改所指定之信用卡 Applies to the Credit Card Account ONLY 信用卡賬戶號碼 Credit Card No.: \_\_\_\_\_

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

如生效日期為星期六，有關指示將於下一個工作天處理。 If the effective date stated is Saturday, the form will be processed one working date after the effective date.

本人\*(等)證實本人\*(等)之以下簽署與豐明銀行之簽署記錄完全相同。  
\*I / We hereby confirm that the signature(s) signing below is identical to \*my / our signature(s) in which maintain in MEVAS Bank.

S.V.

客戶簽署 Signature(s) of Customer(s) \_\_\_\_\_ 日期 DATE \_\_\_\_\_

如果是聯名貸款賬戶，所有戶主必需簽署此表格。如更改信用卡通訊地址，主卡持有人必須簽署此表格。住宅按揭如屬「按揭保險計劃」種類，更改住宅按揭郵寄地址之指示將於得到香港按揭證券有限公司確認後方行處理，而所需時間可能超過七個工作天。  
All signers of joint loan account and principal cardholder, if applicable, must sign on this form. For residential mortgage loan under "Mortgage Insurance Programme", the request for change of mailing address of the Mortgage Loan will only be processed after consent is obtained from The Hong Kong Mortgage Corporation Limited and the updating process may exceed 7 working days.

| For Bank Use Only  |      |  |  |                      |        |
|--|------|--|--|----------------------|--------|
| To be completed by Branch / Receiving Dept   |      | Receiving Branch Code: _____   |  | Date Received: _____ |        |
| <input type="checkbox"/> In Person, ID Verified  |      | <input type="checkbox"/> Mail In / Third Party, Phone Confirmed _____ (date) |  |                      |        |
| <input type="checkbox"/> Unable to Contact. Confirmation Letter Sent Out On _____        |      | Effective date _____   |  |                      |        |
| <input type="checkbox"/> Tel. No. on Signature Card updated by BR Code _____             |      | <input type="checkbox"/> Others: _____                                       |  |                      |        |
| Handled & Initial by FS/CS _____   |      |  | Reviewed and approved by Authorized Signer _____ (Full) Sig. NO. _____ |                      |        |
| To be completed by processing departments (AMS / Credit Card / WMOD / LCOD / _____) only |      |  |  |                      |        |
| Date   | Time | Input by   | Checked By   | Remarks              |        |
|  |      |  |  | Hold Code 60         | Yes/No |