

1) Business particulars

Registered name	
Registration/Gazette no.	Account name (if different from registered name)

2) Account(s) to be updated

All accounts
 Selected accounts

3) Change(s) to shareholder / ultimate beneficial owner / director

Role(s)	Change required	Personal particulars	
<input type="checkbox"/> Shareholder <input type="checkbox"/> Ultimate beneficial owner <input type="checkbox"/> Director	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport)	
		NRIC/Passport no.	Date of birth
		Nationality	Contact no. (office/mobile)
		Residential address	
		Relationship to applicant/Designation	
<input type="checkbox"/> Shareholder <input type="checkbox"/> Ultimate beneficial owner <input type="checkbox"/> Director	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport)	
		NRIC/Passport no.	Date of birth
		Nationality	Contact no. (office/mobile)
		Residential address	
		Relationship to applicant/Designation	
<input type="checkbox"/> Shareholder <input type="checkbox"/> Ultimate beneficial owner <input type="checkbox"/> Director	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport)	
		NRIC/Passport no.	Date of birth
		Nationality	Contact no. (office/mobile).
		Residential address	
		Relationship to applicant/Designation	
<input type="checkbox"/> Shareholder <input type="checkbox"/> Ultimate beneficial owner <input type="checkbox"/> Director	<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport)	
		NRIC/Passport no.	Date of birth
		Nationality	Contact no. (office/mobile)
		Residential address	
		Relationship to applicant/Designation	

NOTE: Please attach a separate sheet (duly authorised) if the space provided is insufficient and accompany the form(s) with certified true copy of identification documents for verification. For control purposes, please cross out any unused portions under Change(s) to shareholder / ultimate beneficial owner / director.

RHB Account Information Update Application Form

4) Change(s) to authorised signatory / signature / signing mandate

For additional authorised signatories, please list all person(s) authorised to sign or accept for and on behalf of the company/ association/club/society/firm cheques, bills of exchange, orders to pay and any other instruments in respect of the Account(s). This shall be in addition to existing Authorised Signatories to the Account(s).

Change required	Personal particulars	Grouping (if applicable)	Signature (Mandatory for new/update of authorised signatory. Please indicate "N.A." for removal.)
<input type="checkbox"/> Add(new) <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport) NRIC/Passport no. Date of birth Designation Contact no. (office/mobile)		
<input type="checkbox"/> Add(new) <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport) NRIC/Passport no. Date of birth Designation Contact no. (office/mobile)		
<input type="checkbox"/> Add(new) <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport) NRIC/Passport no. Date of birth Designation Contact no. (office/mobile)		
<input type="checkbox"/> Add(new) <input type="checkbox"/> Update <input type="checkbox"/> Remove (Only need to indicate Name and NRIC/Passport)	Name (as per NRIC/passport) NRIC/Passport no. Date of birth Designation Contact no. (office/mobile)		

NOTE: Please attach a separate sheet (duly authorised) if the space provided above is insufficient and accompany the form(s) with certified true copy of identification documents for verification. For control purposes, please cross out any unused portions under Change(s) to authorised signatory / signature / signing mandate.

Signing conditions

- Singly Any two jointly

Grouping and signing limits as follows:

RHB Account Information Update Application Form

For new authorised signatories:

I/We hereby certify and confirm that the person(s) whose signature(s) appear above and acting according to the signing condition/mandate indicated above are authorised to draw, sign, endorse, accept or make for or on my/our behalf all cheques, bills of exchange, orders to pay and any other instructions (even if, where permitted by RHB Bank Berhad, ("RHB Bank" or "the Bank") the relevant account is or will become overdrawn) in respect of or in connection with the Account(s), even though the payment is for the benefit of any employee, authorised person/signatory or individual order of any signing person without the Bank having to enquire into the circumstances or being liable in any way in respect of such payment and the Bank be and is authorised to honour any such cheques, bills of exchange, orders to pay and any other instruments.

The person(s) whose information appear(s) above is/are authorised to perform and effect the above services opted by me/us at any time and from time to time for and on my/our behalf in relation to the abovementioned Account(s). I/We confirm that the abovementioned Authorised Signatory(ies) has/have sufficient authority to perform and effect all transactions of such services for and on my/our behalf and all such transactions shall be binding and conclusive on me/us.

5) Change(s) to authorised contact personnel to receive and communicate account information

- a. We hereby authorise the Bank to update our records as per (5b) herein and to revoke all previous records of authorised contact personnel maintained with the bank prior to this request for change.

Change required	Personal particulars
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Name (as per NRIC/passport) NRIC/Passport no. Designation Email address eAdvice <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below Office no. Mobile no. eAlert <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Name (as per NRIC/passport) NRIC/Passport no. Designation Email address eAdvice <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below Office no. Mobile no. eAlert <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Name (as per NRIC/passport) NRIC/Passport no. Designation Email address eAdvice <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below Office no. Mobile no. eAlert <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below
<input type="checkbox"/> Add <input type="checkbox"/> Update <input type="checkbox"/> Remove	Name (as per NRIC/passport) NRIC/Passport no. Designation Email address eAdvice <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below Office no. Mobile no. eAlert <input type="checkbox"/> Opt-In <input type="checkbox"/> Opt-Out – Update your company registered address if any changes below

NOTE: Please attach a separate sheet if the space provided above is insufficient.

RHB Account Information Update Application Form

Change in address

Registered address* Mailing address

*Change in registered address must be accompanied with an ACRA Business Profile. Any change in registered address will be updated for all RHB Bank accounts.

Registered/Mailing Address
Registered/Mailing Address (continued)
Registered Address Country

For new Authorised Contact Personnel:

Effective from the date hereof, I/we, the approving person(s) of these Account(s) (including Islamic Account(s)) maintained with RHB Bank hereby irrevocably and unconditionally authorise the Bank (without the Bank being obliged) to receive and communicate account information ("Communication") given from/with or purporting to be from/with the Authorised Contact Personnel appointed, with or without separate independent verification by the Bank's officers as to the genuineness of such Communication, so long as the Bank's officers receiving or acting on such Communication believed the Communication to be genuine at the time it was given. I/We shall be bound by any acts or omissions taken by the Bank in reliance on such Communication, regardless whether such Communication has been given by me/us or with my/our authority or consent and regardless whether such Communication is forged, fraudulent, ambiguous or misunderstood, provided that the Bank's officers receiving or acting on such Communication believed the Communication to be genuine at the time it was given.

For new Authorised Contact Personnel (continued):

This authority shall take immediate effect and continue to be in force until I/we have expressly revoked it by notice in writing delivered to you. I/We undertake to keep RHB Bank informed of any change to the particulars of the Authorised Contact Personnel provided in this form. The Bank will not be held responsible in any manner for my/our failure to notify the Bank of such change. The personnel whose information appear(s) in the Authorised Contact Personnel to Receive and Communicate Account Information section in this form shall at any time be authorised to perform and effect the following services for and on my/our behalf:

- Account balance enquiry
- Account number enquiry
- Account statement request
- Transaction status enquiry
- Account fee waiver enquiry/request

I/We confirm that the abovementioned Authorised Contact Personnel appointed has/have sufficient authority to receive and communicate account information stipulated in this form for and on my/our behalf and all such Communication shall be binding and conclusive on me/us.

6) Authorisation

To be signed by persons authorised to make the above change(s).

I/We confirm that I/we have read and understood the Bank's Terms and Conditions Governing Accounts (available at all Bank branches and on the Bank's website) and agree to abide and be bound by these terms and conditions. I/We agree that the Bank may vary, alter and amend any terms and conditions in its sole discretion.

The above appointments will remain in full force and effect until revoked by us in writing to you.

I/We hereby confirm that the Board Resolution dated furnished to the Bank has not been superseded.

Signature

Approving person

Date
Name
Designation
NRIC/Passport no.

Signature

Approving person

Date
Name
Designation
NRIC/Passport no.

RHB Account Information Update Application Form

For bank's use only

Branch/Business unit

Processed by

Date

Verified/Authorised by

Date

Branch/Department

Account services

Input by

Date

Verified/Authorised by

Date