



CDS 2 (d)

CSD & REGISTRY COMPANY LIMITED

AMENDMENT OF CDS ACCOUNT DETAILS FORM

- **PLEASE USE CAPITAL LETTERS**
- **ATTACH ORIGINAL DEPOSITORY RECEIPT (S)**

Name of Applicant: _____ LDM Code: _____
 (LDM, ISSUING COMPANY, CUSTODIAN) (Where applicable)

FILL IN DETAILS AS PER EXISTING CDS ACCOUNT

CDS A/C No (s): _____ Title (Prof/Dr/Hon/Rev/Mr/Mrs/miss/ms) _____

- (1) If Name is to be amended tick (√) in box (3) If CDS Accounts are to be consolidated tick (√) in box
 (2) If Address is to be amended tick (√) in box (4) If Depository Receipts are to be consolidated tick (√) in box

Full Name: _____
 (First, Middle, Last Name)

Address: _____

Telephone Number (Mobile): _____

Email Address: _____

Bank Account Number: _____

Bank Name: _____

Branch: _____

Identity card: _____

Shareholder (s) Signature (s): _____ Date: _____

FOR COMPLETION BY LDM/ ISSUING COMPANY/ CUSTODIAN
 We confirm our acceptance of the amendment request

 Stamp and Signature of Authorised Officer

Date: _____