
SECURITIES ACCOUNT MAINTENANCE FORM (CSD FORM 2)

Client CSD Securities Account No.:

Account Name:

Update: (please tick where applicable) Contact Numbers Bank Details
 (Provide information in spaces below) Address Name Change
 Other Specify

New / Additional Information

Declaration:-

I / We hereby

- (i) request to update my/our securities account information
- (ii) affirm that information in the form is correct
- (iii) undertake to notify the Depository Participant of any change of particulars or information provided by me/us in this form

Name: _____ Signature/Thumbprint: _____ Date: _____
(DD/MM/YY)

Name: _____ Signature/Thumbprint: _____ Date: _____
(DD/MM/YY)

For Depository Participant Use Only

Verified by:

Name: _____ Sign: _____

Date: _____ Stamp: _____
(DD / MM / YY)

For CSD Use Only

Name: _____ Sign: _____

Date: _____
(DD/MM/YY)

Please attach relevant supporting documents.