

Date 日期	Day 日/ Month 月/ Year 年

Personal Information Amendment Form
更改个人资料表格

Account Number 账户号码

Please send your completed form to us via email, fax or mail. Your request will normally be processed within 7 working days (excluding Saturday, Sunday and public holiday) upon receipt of your form.

请把已填妥的表格透过电邮、传真或邮寄交给本公司。在一般情况下，本公司将在收到您的表格后七个工作日内（不包括星期六、日及公众假期）处理您的申请。

I. Client Details 客户资料 (Must be completed 必须填写)

Full Name 全名	
ID Card Number 身份证号码	

II. New Client Information 新客户资料 (Complete only those details to be changed 只需填写更改的资料)

ID Card Number 身份证号码	
Contact Phone Number 联络电话号码	
Email Address 电邮地址	
Address 地址	

ID Card Copy 身份证副本

Signature(s) 签署 _____

Date 日期 _____

III. 内部专用 For Official Use Only						
	Doc Check	CS Approval	Data Input	Data Check	Filing & Scanning	CR Approval
Staff Code						
Signature						
Date						