

**CUSTOMER DATA AMENDMENT REQUISITION FORM**



**(PLEASE FILL IN BLOCK CAPITALS)**

Date .....

**(Valid only for Individual and Joint Accounts Only)**

	Primary Applicant	Joint Applicant
Name		
NIC Number		
Account Number/s		

Please change my/our details as follows			
		Primary Applicant	Joint Applicant
Personal Details	Name *		
	NIC Number *		
	Permanent Address *		
	Correspondence* Address		
	Contact No : Residence		
	Mobile		
	Tax File Number		
	Nationality		
	Email Address		
	Marital Status		
Employment Details	Occupation/ Position		
	Name of Employer		
	Address of Employer		
	Nature of Business		
Statement Type	Email	<input type="checkbox"/> Yes <input type="checkbox"/> Daily <input type="checkbox"/> Monthly	<input type="checkbox"/> Yes <input type="checkbox"/> Daily <input type="checkbox"/> Monthly
	Post	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
	Passbook	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

\*Proof documents required

If permanent or correspondence address is changed proof to be submitted as follows,

Address Verification Documents		
<input type="checkbox"/> National Identity Card	<input type="checkbox"/> Driving License	<input type="checkbox"/> Income Tax Receipt/ Assessment Notice
<input type="checkbox"/> Letter from a Public Authority	<input type="checkbox"/> Tenancy Agreement	
<input type="checkbox"/> Utility Bill (Specify)	<input type="checkbox"/> Other (Specify)	

I/We confirmed that the details given above are true and correct.

Primary Applicant's Signature

Joint Applicant's Signature

<b>FOR BANK USE ONLY</b>			
Date:			
Primary Applicant CIF		Joint Applicant - CIF	
	Signature Verified By	Data Input By	Data Authorized By
Name			
Signature			
EMP Number			