

Date	e :				
	lip Capital Sdn Bhd spective Branch Address]				
Dea	r Sir/Madam,				
RE	: CHANGE OF CONTACT TRADING A/C No. : CDS A/C No. :	PARTICULARS FOR			
Plea	ase be advised of the change of	of my/our contact part	iculars for the fo	ollowing accounts :	
1	☐ For CDS Account only	☐ For Trading A	ccount only	☐ For Both Accounts	
2	Correspondence Address				
	Postcode Town				
3	Registered Address (Photocopy of NRIC is attached as supporting document)				
	Postcode Town				
4	Telephone No.				
	Handphone No.				
5	Others (if any)				
The	above change(s) shall take ef	fect upon your receipt	and processin	ng hereof.	
inde prod	emnify you and at all times kee	ep you fully and comp s or other liabilities of	letely indemnifi whatever natur	I hereby agree and undertake ied from and against all actions are or description which may be more the above.	and
You	rs faithfully,		Witnessed By	<i>y</i> :	
Name : (Authorised signatory & company stamp if a company) NRIC/Company Registration No. :			Dealer's Representative/ADA's Authorised Officer(s)/Notary Public Name: Date:		