



CHANGE OF CLIENT PERSONAL DATA

I HEREBY AUTHORIZE LOYAL BANK LTD. TO EXECUTE THE BELOW CHANGES OF MY CURRENT ACCOUNTS MASTER DATA:

CUSTOMER ID

ACCOUNT No.

ACCOUNT HOLDERS NAME _____

PREVIOUS ADDRESS DATA:	
COUNTRY	STATE
TOWN	POSTAL CODE
STREET NAME	HOUSE NUMBER
TELEPHONE NUMBER	FAX NUMBER
E-MAIL	

CURRENT, NEW / UPDATED DATA:	
COUNTRY	STATE
TOWN	POSTAL CODE
STREET NAME	HOUSE NUMBER
TELEPHONE NR	FAX NR
E-MAIL	

I HEREBY CONFIRM THAT THE ABOVE LISTED DATA IS CORRECT AND VERIFIED BY MY SIGNATURE, AND BY THE ATTACHED NOTARIZED COPY OR ORIGINAL OF A UTILITY BILL CONFIRMING THE NEW DATA.

DATE: _____

SIGNATURE

ENCLOSED:
NOTARIZED COPY OR ORIGINAL OF A UTILITY BILL

PLEASE SIGN AND SEND THIS FORM AND THE ENCLOSURE VIA FAX + (1 784) 451 27 57.