



Account Number:

Account number input boxes: [][][][][][] - [][][] - [][][]

All changes must be accompanied by a signature. If there are joint registrants, the signatures of all parties must be present. Upon completion of any requested change, you will receive a confirmation letter. If you have any questions or concerns regarding this form, please call us at +603 2164 5303.

CHANGE OF ADDRESS

Email: info@saturna.com.my

Mail or fax completed forms to: Suite 5-03, 5th Floor, Menara Atlan 161B, Jalan Ampang 50450 Kuala Lumpur, Malaysia Fax: +603 2164 5308

PRINCIPAL ACCOUNT HOLDER Full Name (NRIC or Passport)

Principal account holder name input box

FIRST JOINT ACCOUNT HOLDER Full Name (NRIC or Passport)

First joint account holder name input box

SECOND JOINT ACCOUNT HOLDER Full Name (NRIC or Passport)

Second joint account holder name input box

CHANGE OF ADDRESS

New Physical / Street Address

New physical address input box

Postal Code, Town/City, State input boxes

Country input box

New Mailing Address (if different than above)

New mailing address input box

Postal Code, Town/City, State input boxes

Country input box

Change of Telephone Number (Residential)

Residential telephone number input boxes

Mobile Telephone Number

Mobile telephone number input boxes

Change of Telephone Number (Business)

Business telephone number input boxes

Email Address

Email address input box

Additional Email Address (Optional)

Additional email address input box

DECLARATION AND AUTHORISATION

The undersigned warrants that I / We have full authority to make this change. I / We understand and agree that any personal information collected or held by the Company (whether contained in this application or otherwise obtained) may be held, used, and disclosed by the Company to individuals, organizations related to and associated with the Company or any selected third party (within or outside of Malaysia, including industry associations or federations) for the purpose of processing this application and providing subsequent service for this product and/or communicate with me for such purposes. I / We understand that I / We have a right to obtain access to and to request correction of any personal information held by the Company concerning me / us.

PRINCIPAL ACCOUNT HOLDER SIGNATURE: _____

Date: _____

FIRST JOINT ACCOUNT HOLDER SIGNATURE: _____

Date: _____

SECOND JOINT ACCOUNT HOLDER SIGNATURE: _____

Date: _____