

IMPRESS CAPITAL LIMITED

REQUEST FOR CHANGE OF INFORMATION

To: **PORTFOLIO MANAGER**

Date:

Account Type:
Account No. :
Account Holder(s):
Change of Information:

Existing Address		
Address:		
Mobile:	Phone (Work):	Phone (Home):
E-mail:		

Updated Information		
Address:		
Mobile:	Phone (Work):	Phone (Home):
E-mail:		

AUTHORIZED SIGNATORIES

SIGNATURE OF THE APPLICANT