

Signature of First Applicant / Authorised Signatory(ies)

Date:

Change Of Signature & Power To Sign Form

Signature of Joint Applicant / Authorised Signatory(ies)

IMPORTANT: 1. Please complete in CAPITAL LETTE	ERS and BLACK INK only, and tick 🗸 where applical	ble. Any alterations made must be countersigned.
2. Your request for change will be aut	omatically updated for all your products if you do no	
Account Type Single Joint	Account No. / Portfolio Code	
Product All UTF	DPM NDPM	
DETAILS OF FIRST APPLICANT		
Full Name (as per NRIC / Passport / Certifica	ate of Incorporation / Others)	
NRIC No.	Passport No.	. / Other
DETAILS OF JOINT APPLICANT		
Full Name (as per NRIC / Passport / Certifica	ate of Incorporation / Others)	
NRIC No.	Passport No.	. / Other
CHANGE OF POWER TO SIGN		
First Applicant to Sign Either (One to Sign Both to Sign	
CHANGE OF APPLICANT'S SIGNATUR	RE .	
Name	New Signature	Existing Signature (Optional)
First Applicant Name*		
Joint Applicant Name*		
	ent (NRIC No. / Passport No. / Other). The change will take ef telephone to confirm the request, the request will be voided.	
DECLARATION AND SIGNATURE(S)		
	ived, read, and understood the relevant Pro If any), and agree to be bound by them for my N").	
	re of the fees and charges that I / we will incuexclusive of goods and services tax (if applica	
	sponsible for ensuring the accuracy and comple d liable for any losses suffered by me / us due to	
	has absolute discretion to rely on the informat and hold harmless AIIMAN, its' employees, a ' or instruction provided herein.	
mportant: For joint account, the Change of	Power to Sign and / or Change of Signature r	must be signed by both applicants.

Date:

V1 | T1 / 2022

COMPULSORY FOR DISTRIBUTOR (AUTHORISED UTC)	FOR OFFICE USE ONLY	
Name (as per NRIC)	Form Verified By:	Processed By:
	Name:	Name:
*UTC Code	Branch:	Date:
*Delete where not applicable.	Date:	