MEMBERSHIP DATA UPDATE REQUEST FORM ver:HQIT 001

** Please complete all the applicable fields. Incomplete form will not be processed.*

Requester Details

Requester Name : Code :

Membership Data

Name : _____ Date of Birth : _____

I/C or ID : _____ (DD/MM/YY)

Contact Information

Address : _____

Postcode: _____ Town : _____

State : _____ Country : _____

Tel (Res) : _____ Mobile No : _____

Email : _____

Spouse

Name : _____ IC or ID : _____

** (Please attach Marriage Certificate)*

Beneficiary

Name : _____ IC or ID : _____

Relationship : _____

Bank Account

Account Holder : _____ Account Number : _____

Full Bank Name : _____ Bank Branch No / Bank Code : _____

IBAN Code : _____ SWIFT Code : _____

Others

_____

- I hereby request that my personal data being held by DXN be changed and/or deleted as indicated in this form.
- I hereby agree that the personal data given above (if any) are true.
- I hereby give my free and absolute consent to DXN to handle/process my personal data disclosed by me personally in accordance with the DXN Privacy Policy.

Signature of Requester : .....

Name : Date : .....

For Branch Use	**For GIT Use**
Endorsed by :	Checked / Updated by : .....
Name :	Officer Name :
Position :	Position :
Date :	Date :