

Internal Change of Account Particulars Mandate

CATEGORY A

Personal Account Details:

CDS NO:

CODE:

Full name (s): _____

Business Name: _____

ID / Passport / Business Incorporation No: _____ Nationality: _____

Complete Appropriately:

DETAILS	OLD DETAILS	NEW DETAILS
ADDRESS	P.O Box Code.....City.....	P.O Box Code.....City.....
TELEPHONE NUMBER		
EMAIL		
BANK DETAILS	Bank..... Branch..... Account No.....	Bank..... Branch..... Account No.....
OTHERS		

CATEGORY B
EMAIL INDEMNITY

The client does authorize, within the framework of functioning of the Investment Account that, email / online instructions (if opted for) will be acted upon without any other written confirmation. That the client acknowledges that they are fully aware and cognizant of the various risks inherent and associated with communicating instructions by email and are fully prepared to accept such risks and that DBIB shall not be liable in case of any claims, demands, losses, damages, costs and expenses that may arise upon execution of instructions from the said email.

I/We the undersigned, confirm that I/ We have read the email indemnity and verify that the changes requested above are true as provided by;

Name

Signature.....

Date.....

Company Seal

FOR OFFICIAL USE
Receiving

Staff /Agents Name.....

Designation / Agency Name.....

Signature.....

Date.....

For Official Use (OPERATIONS TEAM)

Maker		Checker	
Staff Name		Staff Name	
Designation		Designation	
Signature	Date	Signature	Date