



CDS 2 (d)

**CSD & REGISTRY COMPANY LIMITED**

**AMENDMENT OF CDS ACCOUNT DETAILS FORM**

- **PLEASE USE CAPITAL LETTERS**
- **ATTACH ORIGINAL DEPOSITORY RECEIPT (S)**

Name of Applicant: \_\_\_\_\_ LDM Code: \_\_\_\_\_  
 (LDM, ISSUING COMPANY, CUSTODIAN) (Where applicable)

**FILL IN DETAILS AS PER EXISTING CDS ACCOUNT**

CDS A/C No (s): \_\_\_\_\_ Title (Prof/Dr/Hon/Rev/Mr/Mrs/miss/ms) \_\_\_\_\_

- (1) If Name is to be amended tick (✓) in box  (3) If CDS Accounts are to be consolidated tick (✓) in box   
 (2) If Address is to be amended tick (✓) in box  (4) If Depository Receipts are to be consolidated tick (✓) in box

Full Name: \_\_\_\_\_  
 (First, Middle, Last Name)

Address: \_\_\_\_\_

Telephone Number (Mobile): \_\_\_\_\_

Email Address: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Branch: \_\_\_\_\_

Identity card: \_\_\_\_\_

Shareholder (s) Signature (s): \_\_\_\_\_ Date: \_\_\_\_\_

**FOR COMPLETION BY LDM/ ISSUING COMPANY/ CUSTODIAN**  
 We confirm our acceptance of the amendment request

\_\_\_\_\_  
 Stamp and Signature of Authorised Officer

Date: \_\_\_\_\_

**Subject to the Rules and Practices of the CSDR**