

CORPORATE INFORMATION UPDATE FORM

Kindly complete the form and return to the "DSBC Financial Europe" UAB Office via mail, fax, email, DNBCnet or in-person to our office: Lvovo str.25, Mažoji bure, 15th floor, LT-09320, Vilnius, Lithuania. Please allow 3 working days from the receipt of your request, for your updated records to take effect.

Please select the information that you would like to change below and fill out the corresponding sections.

- | | |
|--|--|
| <input type="checkbox"/> Legal Name | <input type="checkbox"/> External Bank Account |
| <input type="checkbox"/> Contact Details | <input type="checkbox"/> Ownership and Management Structure |
| <input type="checkbox"/> Address | <input type="checkbox"/> Authorized Persons and Specimen Signature |

1 Your Details as currently held with "DSBC Financial Europe" UAB (hereinafter the "DNBC")

Name of Business: _____
 Registration No.: _____
 Type of Account: _____
 Account No.: _____

2 Change of Legal Name

Old Company's Legal Name:	
New Company's Legal Name:	
Decision No. (if any):	
Date:	___/___/___

Please note: To change your Company's Legal Name, please provide a certified copy of the Change of Company Name Certificate and/or a new Certificate of Incorporation.

3 Change of Contact Details

Old OTP-Receiving Phone No*:	+ _____ - _____ (Country Code)
New OTP-Receiving Phone No*:	+ _____ - _____ (Country Code)
Old Email Address:	
New Email Address:	

*OTP-Receiving Phone No. provided will be used for receiving SMS Transaction Alerts and Authorization codes for Internet Banking.

4 Change of Registered Address

New Registered Address	
Address Details in Room, Building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

5 Change of Business Address

New Business Address	
Address Details in Room, Building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

Please note: To change your Company's Address, please provide a certified copy of the new Address Proof (e.g. utility bill, internet bill, bank statement, bank reference letter...).

6 Change of External Bank Account

Account Name:		Account Number:	
With (Bank)		Branch (If available)	
Bank Address			

7 Change of Ownership and Management Structure

Please check the option(s) that you would like to change and fill in the appropriate sections below:

☐ Directors
 ☐ Shareholders
 ☐ Ultimate Beneficial Owners

For each update, please specify whether it is a cancellation or a new appointment of Director/ Shareholder/ Ultimate Beneficial Owner by selecting the right option.

Directors 1				<input type="checkbox"/> Cancellation	<input type="checkbox"/> New Appointment
Surname:		Given Name:			
Identification No.:		Issuing Country:			
Expiry Date:	___/___/___	Date of Birth:	___/___/___		
Place of Birth: (city, country)		Nationality:			
Signature of New Director					
Directors 2				<input type="checkbox"/> Cancellation	<input type="checkbox"/> New Appointment
Surname:		Given Name:			
Identification No.:		Issuing Country:			
Expiry Date:	___/___/___	Date of Birth:	___/___/___		
Place of Birth: (city, country)		Nationality:			
Signature of New Director					
Directors 3				<input type="checkbox"/> Cancellation	<input type="checkbox"/> New Appointment
Surname:		Given Name:			
Identification No.:		Issuing Country:			
Expiry Date:	___/___/___	Date of Birth:	___/___/___		
Place of Birth: (city, country)		Nationality:			
Signature of New Director					

Shareholders 1 (Transferee)			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	
Address:			
Number of Shares:		Value per Share:	
Percentage of Shares:			
Signature of Transferor 1		Signature of Transferor 1	
Shareholders 2 (Transferee)			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	
Address:			
Number of Shares:		Value per Share:	
Percentage of Shares:			
Signature of Transferor 2		Signature of Transferor 2	
Shareholders 3 (Transferee)			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	
Address:			
Number of Shares:		Value per Share:	
Percentage of Shares:			
Signature of Transferor 3		Signature of Transferor 3	

New Ultimate Beneficial Owner 1:			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	
Address:			
Signature of New Ultimate Beneficial Owner 1			
New Ultimate Beneficial Owner 2:			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	

Address:			
Signature of New Ultimate Beneficial Owner 2			
New Ultimate Beneficial Owner 3:			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	
Address:			
Signature of New Ultimate Beneficial Owner 3			

Please note: To change Company's Ownership and Management Structure, please provide a certified copy of the new Company Structure Chart, Company Extract, Register of Director, Register of Shareholder, Register of Member, Register of People with significant control, Certificate of Incumbency, and/or other additional documents depending on the laws and regulations of each country/region, which will be required in detail by our Compliance Team.

8 Change of Authorized Persons and Specimen Signature

Cancel the Authorization of the following Persons:

- a. Mr. (Ms.) _____
- b. Mr. (Ms.) _____

Add the Authorized Persons as follows:

New Authorized Person 1:			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	
Address:			
E-mail Address:			
Signature of New Authorized Person 1		Company Title:	
New Authorized Person 2:			
Surname:		Given Name:	
Identification No.:		Issuing Country:	
Expiry Date:	___/___/___	Date of Birth:	___/___/___
Place of Birth: (city, country)		Nationality:	
Address:			
E-mail Address:			
Signature of New Authorized Person 2		Company Title:	

Please note: To change the Company's Authorized Person, please provide a certified copy of the Resolution, Power of Attorney, and/or Declaration of Trust.

9 Customer Declaration

I/We declare that the information given in this Corporate Information Update Form is true, accurate, and not misleading and I/we agree to abide by DNBC's Terms and Conditions. I/We hereby authorize DNBC to carry out our instruction in respect of the details indicated above. DNBC is also authorized to confirm this information from any sources it may choose and I/we will furnish such identification and/or supporting documents as may be required by DSBC.

Authorized Signature 1	Authorized Signature 2
Full name: _____	Full name: _____
Date: ____/____/____	Date: ____/____/____

Ultimate Beneficial Owner Signature 1	Ultimate Beneficial Owner Signature 2	Ultimate Beneficial Owner Signature 2
Full name: _____	Full name: _____	Full name: _____
_____	_____	_____
_____	_____	_____
Date: ____/____/____ (dd/mm/yyyy)	Date: ____/____/____ (dd/mm/yyyy)	Date: ____/____/____ (dd/mm/yyyy)

FOR "DSBC FINANCIAL EUROPE" UAB USE ONLY			
Authorized by:	_____	Proceeded by:	_____
Date:	____/____/____	Date:	____/____/____
Signature:		Signature:	
_____		_____	