

CORPORATE INFORMATION UPDATE FORM

Kindly complete the form and return to the “DSBC Financial Europe” UAB Office via mail, fax, email, DSBCnet 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"/> Ownership and Management Structure |
| <input type="checkbox"/> Contact Details | <input type="checkbox"/> Authorized Persons and Specimen Signature |
| <input type="checkbox"/> Address | |

1 Your Details as currently held with “DSBC Financial Europe” UAB (hereinafter the “DSBC”)

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):	
Based on Document:	
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)
Secondary Phone No. (if any):	+ _____ - _____ (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 Online Payments.

4 Change of Address

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

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...).

5 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:	
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:	
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:	

Shareholders 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:	
Number of Shares:		Value per Share:	
Percentage of Shares:			

Shareholders 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:	
Number of Shares:		Value per Share:	
Percentage of Shares:			

Shareholders 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:	
Number of Shares:		Value per Share:	
Percentage of Shares:			

Ultimate Beneficial Owners 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:	

Ultimate Beneficial Owners 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:	

Ultimate Beneficial Owners 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:	

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.

6 Change of Authorized Persons and Specimen Signature

Cancel the Authorization of the following Persons:

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

Add the Authorized Persons as follows:

Specimen Signature of the new Authorized 1 Full Name: _____ Company Title: _____ E-mail Address: _____ Phone Number: _____ Date: ___ / ___ / _____	
Specimen Signature of the new Authorized 2 Full Name: _____ Company Title: _____ E-mail Address: _____ Phone Number: _____ Date: ___ / ___ / _____	
Specimen Signature of the new Authorized 3 Full Name: _____ Company Title: _____ E-mail Address: _____ Phone Number: _____ Date: ___ / ___ / _____	

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.

7 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 DSBC's Terms and Conditions. I/We hereby authorize DSBC to carry out our instruction in respect of the details indicated above. DSBC 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: ___ / ___ / _____

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