

## PERSONAL 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"/> Name                           | <input type="checkbox"/> Address               |
| <input type="checkbox"/> Passport/Identification Number | <input type="checkbox"/> External Bank Account |
| <input type="checkbox"/> Contact Details                |  |

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

Title:  Mr  Mrs  Miss  Ms  
 Other (Please specify): \_\_\_\_\_  
 Surname: \_\_\_\_\_  
 Given Name: \_\_\_\_\_  
 ID Card/Passport No.: \_\_\_\_\_  
 Type of Account: \_\_\_\_\_  
 Account No.: \_\_\_\_\_

### 2 Change of Name

New Surname:	
New Given Name:	

Please mark X in ONE box to indicate the reason for your name change and provide a certified copy of the document stated next to that box. Please don't send original copies as we can't guarantee that the document will be returned.

- Marriage/Civil Partnership  
 Divorce/Dissolved Civil Partnership  
 Deed Poll/Statutory Declaration  
 Other (Please specify): \_\_\_\_\_

### 3 Change of Passport/Identification Number

Old Passport/Identification No.:	
New Passport/Identification No.:	
Issuing Country:	
Expiry Date:	___/___/___

**Please note:** To change your Passport/Identification Number, please provide a certified copy of the new Passport or Identification Card.

### 4 Change of Contact Details

Old OTP-Receiving Phone No.:	+ _____ - _____ (Country Code)
New OTP-Receiving Phone No.:	+ _____ - _____ (Country Code)
Old Phone No. for SMS Card Alerts:	+ _____ - _____ (Country Code)
New Phone No. for SMS Card Alerts:	+ _____ - _____ (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.

**5 Change of Address**

Residential Address	
Address Details in Room, Building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	
Correspondence Address (if different from above)	
Address Details in Room, Building:	
Number and Street/Road:	
District, City:	
Region:	
Postal Code:	
Country:	

**Please note:** To change your 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 Customer Declaration**

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

<b>Signature of the Customer</b>
Full name: _____
_____
Date: ___ / ___ / _____

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