

PERSONAL INFORMATION UPDATE FORM

Kindly complete the form and return to the DNBC Financial Canada Limited Office via mail, fax, email, DNBCnet or in-person to our office: 3820 Cessna Dr Unit 120, Richmond, BC V7B 0A2, Canada. 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.

Name

Address

Passport/Identification Number

External Bank Account

Contact Details

1. Your Details as currently held with DNBC (hereinafter the “DNBC”)

Name's Title: Mr Mrs Miss

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 DNBC's Terms and Conditions. I hereby authorize DNBC to carry out my instruction in respect of the details indicated above. DNBC 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 DNBC.

Signature of the Customer
Full name:
Date ____/____/____

FOR DNBC FINANCIAL CANADA LIMITED USE ONLY			
Authorized by:		Proceeded by:	
Date:	____/____/____	Date:	____/____/____
Signature:		Signature:	