



Date \_\_\_\_\_

## **APPENDIX**

### **APPLICATION FOR AMENDED BANKING TRANSACTION VIA TELEPHONE AND/OR FACSIMILE INSTRUCTION**

Account Name \_\_\_\_\_

#### **(Cont) LIST OF AUTHORIZED PERSON OF THE CUSTOMER**

The following persons who are authorized to give instruction to proceed the banking transaction in connection with the selected Transaction and/or general communication, by telephone and/or facsimile on behalf of the Customer.

(A) The person authorized to give instructions to proceed with the banking transaction in connection with the selected transaction by telephone and or facsimile on behalf of the customer. This includes making inquiries about general information related to the customer's account and transactions.

(B) The person authorized only to call and make inquiries about general information related to the customer's account and transactions.

Full Name	Title	Department	Office / Mobile Phone	(A)	(B)
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

The Customer's Facsimile No. use for sending instruction: \_\_\_\_\_

Remarks (if any): \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature(s) with Company Chop