			DTION		FORMI	D : CS-11-R1
	CHANGE	OF P/	ARTICULA	RS FORM		
	CUSTOMER SERVICE DEPARTMENT	ES		DATE	:	-
FROM :	REMISIER / DEALER	NAME	CODE	:		/
CLIENT CODE :						
NAME :						
NEW MAILING / RESI	DENTIAL ADDRESS	:				
E-MAIL ADDRESS		:				
TELEPHONE NUMBER		: <u>(</u> H	ł)		(H/P)	
		: <u>(</u> C	))			
		1/1/	Ve the applic	ant/authorised	• • • •	for option 2) prney(s) do solemn ned in this Change
Client Signature		de of	claration cor the provisior	nscientiously be ns of the Statut	elieving the same ory Declarations A	/we make this soler to be true by virtue Act, 1960. e mentioned named
Remisier/Dealer Sig	gnature	ap at in t	plicant/autho	orised signatory	/(ies)/attorney(s)	) )
Witnessed By (only f	or option 1)	20	fore me			
	<del>u v</del>	No	tary Public	Tel/Fax No:		
FOR OFFICE USE ON						
OLD MAILING / RESIL	DENTIAL ADDRESS	:				<u>.</u>
Signature verified by	:					
Keyed -in by	:					
Date/time	:	3 (	Options:	(please circle t	he option selected	1)
Approved by	:	1)			o sign on the clien nessed by front co	-
Validated (for option	<u>2 &amp; 3)</u>				y card/passport.	
Nith	<b></b>	2)	on the Cha		lars Form. Staff wi	by Notary Public by Notary Public
Date/time	:	0	·			
Attended By	:	3)	Staff will v	erify the chang	e of particulars via	
Name	:			-	Particulars Form ent to client by Re	
Registered Post Ref	:					
Date Posted						

DO IT RIGHT THE FIRST TIME AND EVERY TIME