



KTZ Ruby Hill Securities Co.,Ltd.

No. 07-06 (Level 7) Union Financial Centre Corner of Maharbandula Road and  
Theinphyu Road, Botahtaung Township, Yangon, Myanmar

Tel. (95-1) 8610480, 8610417, Fax: (95-1) 8610479 <https://www.ktzrh.com>

Request of Information  
Change/Add form

Date: \_\_\_\_\_

I/We (Client Name) \_\_\_\_\_

Securities Trading A/C No. \_\_\_\_\_

Wish to have the following changes / corrections by having this respect as a part of the Securities Brokerage Agreement and Securities Trading Application From which duly signed to the company.

For Account's Holder Only (Please accurately mark ✓ as specified and fill in below)	
Customer Request	<input type="checkbox"/> By Telephone <input type="checkbox"/> By E-mail <input type="checkbox"/> At KTzRH's Counter <input type="checkbox"/> By Messenger
<input type="checkbox"/> Change of Name/ Surname	Attached with the certified true copy of the following document : <input type="checkbox"/> Change of Name / or Surname Certificate <input type="checkbox"/> Marriage License <input type="checkbox"/> NRC / Passport <input type="checkbox"/> Other (Specify) _____
<input type="checkbox"/> Change of Signature (Cancel previous signature) <input type="checkbox"/> Add Signature	Previous Signature _____ New Signature _____ Required: 1.NRC / Passport (certified true copy)              2.Two Specimen Signature Card
<input type="checkbox"/> Change of Address	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address
<input type="checkbox"/> Change of Telephone No.	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address <input type="checkbox"/> Mobile
<input type="checkbox"/> Change of Document Delivery Method	<input type="checkbox"/> Office Address <input type="checkbox"/> Present Address
<input type="checkbox"/> Change of Address for Document Delivery	<input type="checkbox"/> Office Address <input type="checkbox"/> At KTzRH's Counter <input type="checkbox"/> By Messenger
<input type="checkbox"/> Change of Bank of Account	Required : The Copy of Passbook
<input type="checkbox"/> Change of Securities Monthly Statement Receiving Method	<input type="checkbox"/> By Mail <input type="checkbox"/> By E-mail Please update E-mail address in the block below.
<input type="checkbox"/> Change E-mail Address	
<input type="checkbox"/> Change of Marketing Officer	
<input type="checkbox"/> Other (Please specify) _____	
* I acknowledge and having been explained for the investment risks on the requested additional activity by the marketing officer together with all risks which presented in the Brokerage Agreement and/ or all parts of attachments thoroughly. I accept and respond for such risk which may occur in all situations.	
✎ Please specify the change clearly in the block below:-	
Previous Information	New Information
Signature ✎ _____ Account's Holder (Please sign as duly given to the company)	

**For company Use Only**

Settlement / Marketing	Customer Services & Credit Control		
Receive by: _____ / / _____	Checked by: _____ / / _____	Approved by: _____ / / _____	Input by: _____ / / _____