FAX To: 6509 5140



## APPLICATION FOR REISSUANCE OF USERID/PASSWORD

<ol><li>Please ensure</li></ol>	that you sign the	ed to the Client Service Departmer e form in the usual way that you wo sent SEALED and CONFIDENTIAL	ould sign for your Trading Accou		
PART 1					
Name:			Trading A/C No:		
Mailing Address:			NRIC/Passport No:		
			Contact Number #1:		
			Contact Number #2:		
PART 2  o I would like my USER ID for my Internet Trading account to be re-issued and sent to my mailing address  Tick this box if you cannot recall your UserID.  If you wish to authorise your Trading Representative to collect your password on your behalf instead, please complete the second page of this form.					
o I would like a <b>NEW PASSWORD</b> for my Internet Trading account to be <b>issued</b> and sent to my mailing address  Tick this box if you cannot recall your password and/or if you wish for a new password to be generated. If you wish to authorise your Trading Representative to collect your password on your behalf instead, please complete the second page of this form.					
PART 3  Signature of Client: Date:  (as in Trading Account)					
NOTE: User IDs and Password	s will not be sent v	ia electronic email for security reasons.			
For Office Use	<b>):</b>	Personnel:	Initials:	Date	



## **COLLECTION OF NEW PASSWORD / USER ID**

No) hereby authorise my/our Trading Repres my/our Password/User ID on my/our behalf a	(Name) of(NRIC/Passposentative(Name) to and I/We undertake to be fully responsible and will not hold Ut actions in my/our account as a result of this authorisation.	collect
Signature of Main/Joint Account holder	(Authorised Signature with Company Stamp Affixed) Name of Authorised Signatory: Name of Company:	
A/C Number(s) :(if applicable)		
For Office Use Only		
Signature Verified By/Date	Input By/Date: Checked By/Date Special Indicator 2: (PD)	

Authorisation of TR to Collect 1 April 2019