MEMBERSHIP DATA UPDATE REQUEST FORM

Please complete all the applicable fields. Incomplete form will not be processed. *Ver: HQIT 003*

1. REQUESTER DETAILS

Requester Name (in BLOCK LETTER)

Code

2. TYPE OF REQUEST

☐ **Membership Data**

Name : _____ Date of Birth : _____ (DD/MM/YY)

I/C or ID : _____

☐ **Contact Information ***

Address : _____

Postcode : _____ Town : _____

State : _____ Country : _____

Tel(Res) : _____ Mobile No : _____

Email : _____

**** NOTE: In the event that a member requests to change his/her Country and Address, the said member will need to claim his/her old bonus from the old country where it was generated.***

☐ **Spouse**

Name : _____ I/C or ID : _____

** Please attach Marriage Certificate*

☐ **Beneficiary**

Name : _____ I/C or ID : _____

Relationship : _____

☐ **Bank Account**

Account Holder : _____ Account Number : _____

Full Bank Name : _____ Bank Branch No./Bank Code : _____

IBAN Code : _____ SWIFT Code : _____

☐ **Others *(please specify)***

_____

3. DECLARATION

a. I hereby request that my personal data being held by DXN be changed and/or deleted as indicated in this form.
b. I hereby confirmed that the personal data given above are true.
c. I hereby give my free and absolute consent to DXN to handle/process my personal data disclosed by me personally in accordance with the DXN Privacy Policy.

Signature of Requester : _____ Date : _____

4. FOR BRANCH USE ONLY

Endorsed by : _____

Name :

Position :

Date :

5. FOR GIT USE ONLY

Checked/updated by : _____

Officer's Name :

Position :

Date :