

## Request for Certificate of Balance / Mark-To-Market Report

Name of Applicant	d. Singapore Branch		Date
A) Report Type			
B) Report Type			
One-Time Re	equest	Standing Ord	<u>der</u>
		Every Month	End
Statement as of:		Every Quarte	rly End (Mar, Jun, Sep, Dec)
		Every	Month End
		Every Month	Every Month on a Specific Date
C) Delivery Type			
Send via <mark>eMA</mark>	NL to the recipient belo	w Send v	ia Postage Mail to the recipient belo
Auditor Ref/Your Ref:			
	Name:		
Address			
7 ta di			
eMAIL Address (Max 4 email			
If you have selected via eMai	il, report will be sent from our en	nail address: east.notes@mizu	ho-cb.com. No Hardcopy will be issued.
D) Mode of Payment			
Debit from m	y/our account		By MEPS/TT TRANSFER
A/C No:			Ref No:
Declaration			
disclose the information provide contains personal data. I/We fur Bank's Data Protection Policy.	ed herein in accordance with the ther authorise the Bank to make	Bank's Data Protection Policy t corrections to my/our personal	y authorise the Bank to collect, use or to the extent any such information herein data (if required) in accordance with the ve) my/our information relating to my/our
audit confirmation.	, ,,	,	