

To: **Mizuho Bank, Ltd.** (Incorporated in Japan with Limited Liability)  
Hong Kong Branch  
**みずほ銀行 香港支店**



Date (DD/MM/YYYY) 日付

## NOTICE OF CHANGE 変更届け

Name of Account 口座名義	Please indicate how the following changes should be applied
	<input type="checkbox"/> To all Accounts (including C/A, S/A, T/D & all banking transactions)
	<input type="checkbox"/> To specific account(s) and/or banking transaction(s) (Please specify account number or transaction type appropriately)

I/We hereby notify your Bank of the changes relating to the above account as follows:

1. CHANGE OF NAME 名義のご変更		Effective Date of Change (DD/MM/YYYY) 変更開始日:
New Name (in English)	New Name (in Chinese) if applicable	

**For Personal Accounts.** Attached are the following documents in connection with this matter:

1. Certified copy of ID/Passport
2. An official document certifying a change of my/our name (if any)
3. Letter of Indemnity relating to Change of Name (if applicable)

**For Corporate Accounts.** Attached are the following documents in connection with this matter:

1. Certified copy of the Certificate of Incorporation on Change of Name
2. Letter of Indemnity relating to Change of Name (if applicable)

2. CHANGE OF SIGNATORY 署名者のご変更		Effective Date of Change (DD/MM/YYYY) 変更開始日:
Name of New Signatory(ies) (to be added)	Signature Specimen	Name of Former Signatory(ies) (to be deleted)
①		①
②		②

**For Personal Accounts.** Attached are the following documents in connection with this matter:

1. Specimen Signature Card (if any)
2. Certified copy of ID/Passport
3. Address Proof (if applicable)

**For Corporate Accounts.** Attached are the following documents in connection with this matter:

1. Specimen Signature Card (if any)
2. Certified copy of Minutes of a Director's Meeting
3. Certified copy of ID/Passport of each new signatory
4. Address Proof of each new signatory (if applicable)

3. CHANGE OF SIGNATURE STYLE 署名スタイルのご変更		Effective Date of Change (DD/MM/YYYY) 変更開始日:
Name of Signatory(ies)	Specimen of New Signing Style	
①	①	
②	②	

Remarks: For change of Signature Style, please sign by the related authorised signatory in his/her old signature style (or any director) on the signing block.

4. CHANGE OF DIRECTOR 役員のご変更		Effective Date of Change (DD/MM/YYYY) 変更開始日:
Name of Former Director(s) (to be deleted)	Name of New Director(s) (to be added)	
①	①	
②	②	

**For Corporate Accounts.** Attached are the following documents in connection with this matter:

1. A certified true copy of the Form ND2A as filed with the Companies Registry or comparable document
2. Certified copy of ID/Passport of each new director (if applicable)
3. Address Proof of each new director (if applicable)

<b>5. CHANGE IN PARTNER 提携先のご変更</b>		Effective Date of Change (DD/MM/YYYY) 変更開始日:	
Former Partner(s) (to be deleted)		New Partner(s) (to be added)	
<b>For Partnership Account.</b> Attached are the following documents in connection with this matter: 1. A certified true copy of the Notice to the Business Registration Office or a certified true copy of the Business Particulars of the firm 2. Certified copy of ID/Passport of each new partner 3. Standard bank documentation required by the Bank from new partner			
<b>6. CHANGE OF COMPANY CHOP 社判のご変更</b> <input type="checkbox"/> Replacement of former chop ご変更 (Reason: <input type="checkbox"/> Lost <input type="checkbox"/> Broken <input type="checkbox"/> Change of Company Name <input type="checkbox"/> Others _____) <input type="checkbox"/> Addition 追加 Effective Date of Change (DD/MM/YYYY) 変更開始日:			
Specimen of New Company Chop(s) ①		Specimen of New Company Chop(s) ②	
Attached are the following documents in connection with this matter: Specimen Signature Card (if any)			
<b>7. CHANGE OF ADDRESS/ PHONE/FAX NO 住所・電話/FAX番号のご変更</b> <input type="checkbox"/> For Personal Accounts - Residential Address 登録住所 <input type="checkbox"/> For Corporate Accounts - Registered Address 登記住所 Effective Date of Change (DD/MM/YYYY) 変更開始日:			
New Address (* Mandatory Field)			
Room	Floor	Block	Post Code (N/A for Hong Kong Address)
Building Name		Street Name	
Post Box (N/A for Hong Kong Address)		* City/ Town Name (e.g. Tsim Sha Tsui/ Guangzhou/ Chiyoda)	
Division/ Province/ Prefectures (e.g. Kowloon/ Guangdong/ Tokyo)		* Country <input type="checkbox"/> Hong Kong <input type="checkbox"/> Other:	
New Telephone / FAX No.			
Country Code	Area Code	Telephone or Fax Numbers	
For Personal Accounts: Attached address proof for new address For Corporate Accounts: Attached certified copy of Form NR1 as filed with the Companies Registry or comparable document			
<input type="checkbox"/> Correspondence Address 連絡先 (if different from Residential Address/ Registered Address) Effective Date of Change (DD/MM/YYYY) 変更開始日:			
New Address (* Mandatory Field)			
Room	Floor	Block	Post Code (N/A for Hong Kong Address)
Building Name		Street Name	
Post Box (N/A for Hong Kong Address)		* City/ Town Name (e.g. Tsim Sha Tsui/ Guangzhou/ Chiyoda)	
Division/ Province/ Prefectures (e.g. Kowloon/ Guangdong/ Tokyo)		* Country <input type="checkbox"/> Hong Kong <input type="checkbox"/> Other:	
Other Information			
New Telephone / FAX No.			
Country Code	Area Code	Telephone or Fax Numbers	

N.B.

The Customer agrees that the Bank may require that copy documents furnished pursuant to this Notice be certified by such person as may be specifically designated by the Bank for the purposes of complying with its regulator's customer due diligence rules.

FOR BANK USE ONLY		
CBA REC + CKD	CRD CKD + APP	Witness/ Verify of signature(s)

(Stamp and) Authorized Signature(s) 依頼人ご署名/ Director