



Customer Information Amendment Form (Personal Customer)

For Filing Only
Bank/Branch : 012 /
Customer No. : _____

Please complete and deliver this application form to any branch of Bank of China (Hong Kong) Limited ("the Bank"). The amendments specified in this form shall take effect within 4 working days after this form has been duly completed and signed by you and properly received by the Bank.

- Notes :
1. Unless otherwise stated, please complete in BLOCK letters, cross the relevant boxes with "☒". If the information provided is incomplete, the application may not be processed in time.
 2. This form is only applicable to the Bank (not applicable to customer holding Payment Account only) and/or BOC Credit Card (International) Limited ("BOC Credit Card").

I. Customer's Information (* Must be Completed)	
* Customer's Name	[Grid for Name]
* Identification Document	<input type="checkbox"/> Hong Kong ID Card <input type="checkbox"/> Mainland Resident ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify) : _____ Identification Number : [Grid for ID Number]
Applicable to	<input checked="" type="checkbox"/> All Personal accounts/services maintained in "the Bank" & "BOC Credit Card" (if applicable) & "BOC Life" (if applicable)

II. Change of Customer's Name / Authorized signatories, Identity Information and Nationality(Country/Region)	
(Please provide supporting documents)	
^ Fill in new name in <u>Both</u> Chinese and English	
^ New Name	Surname (Chinese) [Grid]
	First Name (Chinese) [Grid]
	Surname (English) [Grid]
	First Name (English) [Grid]
New Identification Document	<input type="checkbox"/> Hong Kong ID Card (Permanent) <input type="checkbox"/> Hong Kong ID Card (Non-permanent) <input type="checkbox"/> Mainland Resident ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Others (Please specify) : _____ Identification Number: [Grid]
Country/ Region of Issue Identification Document	<input type="checkbox"/> Hong Kong, China <input type="checkbox"/> China <input type="checkbox"/> Others (Please specify) : _____
New Issue Date	[Grid (YYYY/MM/DD)]
	New Expiry Date
	[Grid (YYYY/MM/DD)]
Nationality (Country/Region)	<input type="checkbox"/> Hong Kong, China <input type="checkbox"/> China <input type="checkbox"/> Others (Please specify) : _____

Please turn to next page

III. Change of Marital Status, Education Level, Business & Occupation (This session is not applicable to joint account)			
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Married	<input type="checkbox"/> Divorced
Education Level	<input type="checkbox"/> Primary school or below	<input type="checkbox"/> Secondary school	<input type="checkbox"/> Post-secondary or tertiary
	<input type="checkbox"/> University degree	<input type="checkbox"/> Postgraduate or above	
Monthly Income (HKD)	<input type="checkbox"/> 10,000 below	<input type="checkbox"/> 10,001 – 25,000	<input type="checkbox"/> 25,001 – 50,000
	<input type="checkbox"/> 75,001 – 100,000	<input type="checkbox"/> 100,001 – 200,000	<input type="checkbox"/> 200,000 above
Name of Employer/Company			Title
Business of Employer/Company	<input type="checkbox"/> Catering 1501	<input type="checkbox"/> Banking (licensed bank in HK) 18011	<input type="checkbox"/> Medical Treatments 2005
	<input type="checkbox"/> Education Services 2003	<input type="checkbox"/> Home Services 2056	<input type="checkbox"/> Land Transportation 1601
	<input type="checkbox"/> Professional Services 2031	<input type="checkbox"/> Logistics 1699	<input type="checkbox"/> Retail 1402
	<input type="checkbox"/> Building equipment 1304	<input type="checkbox"/> Import/Export Trading 1406	<input type="checkbox"/> Department Store Retail 14021
	<input type="checkbox"/> Security Guards 2033	<input type="checkbox"/> Beauty Care 2053	<input type="checkbox"/> Clothing Retail 14025
	<input type="checkbox"/> Advertising/Design 2032	<input type="checkbox"/> Cleaning Services 2002	<input type="checkbox"/> Apparel Manufacturing 0401
	<input type="checkbox"/> Administration & Management 2034	<input type="checkbox"/> Public Administration 2001	<input type="checkbox"/> Clothing Trading 1406B
	<input type="checkbox"/> Others(please specify) : _____ (Code: _____)		
Occupation	<input type="checkbox"/> Correctional Services 3005	<input type="checkbox"/> Management or Civilian Personnel 2899	<input type="checkbox"/> Service Workers(other) 2999
	<input type="checkbox"/> Police 3004	<input type="checkbox"/> Specialized Skills 2603	<input type="checkbox"/> Social & Counseling Worker 2607
	<input type="checkbox"/> Education Workers (Post-secondary below) 2602	<input type="checkbox"/> Cook 32	<input type="checkbox"/> Associate Professional(Others) 2699
	<input type="checkbox"/> Designers 2509	<input type="checkbox"/> Senior Management Personnel 2802	<input type="checkbox"/> Paramedics 2601
	<input type="checkbox"/> Chartered/Trainee Engineers 2504	<input type="checkbox"/> Blue-collar 34	<input type="checkbox"/> Housewife or Homemaker 35
	<input type="checkbox"/> Accounting & Financial Professionals 2503	<input type="checkbox"/> Students 36	<input type="checkbox"/> Unemployed 37
	<input type="checkbox"/> Medics 2501	<input type="checkbox"/> Employers/Self-employed 31	<input type="checkbox"/> Retired 38
	<input type="checkbox"/> Others(Please specify) : _____ (Code: _____)		<input type="checkbox"/> Marketing/Trading Agent 2604

Declarations :

- I confirm that save for the above amendments, all my other information being kept with the Bank remain unchanged. In addition, I acknowledge, the above information can be used for the purpose(s) mentioned in the Bank's "Data Policy Notice". I can refer to the Bank's "Data Policy Notice" or documents under other relevant headings from time to time issued by the Bank and its associate entities to understand the general policies on the use, disclosure and transfer of personal data.
- Regarding to the changes of all account information for "BOC Credit Card" (if applicable) & "BOC Life" (if applicable), I agree to the Bank to transfer and deliver all information collected as well as this form to "BOC Credit Card" & "BOC Life" for updating the relevant information of all my accounts .
- I acknowledge, upon the change of my name in section II (if applicable) of this form taking effect, the Bank will normally send my personalized ATM card(s) (if applicable) within 7 business days. In case I have not received those documents mentioned above after 14 business days, I will notify the Bank or call the Customer Service Hotline at (852) 3988 2388 immediately.
With effective of your name changed, a cheque book of 25 order crossed cheques(sent by ordinary mail) could be applied through electronic channels (e.g. Online banking/ATM) or tick the box .

Signature :

(Please sign in the box below. Authorized signature must comply with the bank's record)

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For Attesting Bank Use Only (Applicable to item II amendment only)
Name of Attesting Bank:

For Bank Use Only	
Checked	<input checked="" type="checkbox"/> S.V. <input type="checkbox"/> I.V. <input type="checkbox"/> SP1/ SP2/ PEP/ SLB
Staff ID	
Handled by	
Confirmed by *	

Date : _____

*I hereby confirmed with the customer the respective change is correct. (Only applicable to change of Educational Level)



*如欲索取「客戶資料更改表格(個人客戶)」中文版, 有關文件可於本行網頁下載 (<http://www.bochk.com>)