



Account number

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1. CUSTOMER

Full name of Account holder :.....

ID No.:..... Date Issued:..... Issued Authority:.....

Authorized person:

Pursuant to the POA No.:..... Date:.....

2. INFORMATION CHANGE REQUEST

TYPE OF INFORMATION	INFOMATION	
	REGISTRATED	REQUESTED TO CHANGE
Full name
ID number
Date Issued
Issued Authority
Address to Contact
Email
Phone number for transaction
Signature of Account holder
Change account management unit /staff		

3. SERVICES CHANGE REQUEST

Services	Register new/ Change services	Cancel services	Customer sign
Online Trading	<input type="checkbox"/> Register new 2nd level authentication password: <input type="checkbox"/> Pin code <input type="checkbox"/> Smart OTP <input type="checkbox"/> SMS OTP <input type="checkbox"/> CA	<input type="checkbox"/> Cancel	

Telephone Trading	Phone numbers Order (1)..... (2):.....	<input type="checkbox"/> Cancel	
Buy the right to receive money from securities automatic selling	<input type="checkbox"/> Register new	<input type="checkbox"/> Cancel	
Online Money Transfer	External Transfer: a/Bank:..... Account number:..... Account holder name:.....	<input type="checkbox"/> Cancel	
	External Transfer: b/Bank:..... Account number:..... Account holder name:.....	<input type="checkbox"/> Cancel	

4. OTHER REQUEST

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5. CUSTOMER'S COMMITMENT

By signing this request form, Customer acknowledges the following terms:

- Read and are explained/full instructed, understand the regulations of using the service and the arising risks during the use of services.
- Proposal to change information and services is an integral part of Agreement for account opening signed between the Customer and PSI.
- Commit the above information is accurate and completely responsible for the supplied information, and request PSI to implement as Customer's request above.

Date/Month/Year:.....

CUSTOMER

(Sign and full name)

**INFORMATION CONFIRMATION OF
PETROVIETNAM SECURITIES INCORPORATED**

The receiver

The importer

Approved by