

FINANCIAL SERVICES COMMISSION

For the attention of the Securities Division

Change of address notification

Entity information

Entity name	
Ref. no. ¹	

Details of the change

Type of address (select each that applies)	<input type="checkbox"/> Mailing address	<input type="checkbox"/> Registered address	<input type="checkbox"/> Physical address
	<input type="checkbox"/> Principal address ²	<input type="checkbox"/> Address for register of fund-holders ³	
Effective date of the change [dd-mmm-yy]			
Change in contact numbers	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Previous address and/or contact number(s)	Address:	Contact numbers:
New address(es) and/or contact number(s)	Address:	Contact numbers:
If more than one address has changed, use this space to provide the additional information		

I confirm that the information contained herein is true and complete.⁴

Signature

Print name:	Position:
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¹ Use the number supplied by the Commission

² Applicable for mutual fund administrators pursuant to section 23(1)(d) of the Mutual Funds Act, Cap. 320B

³ Applicable for mutual funds pursuant to regulation 8(b) of the Mutual Funds Regulations, 2002

⁴ The form should be signed by an authorised signatory for the entity.