

Change of Contact Details

Client Account Name

Client Account Number

Holder Identification No (HIN) (optional)

X

Address

Old Street Address

New Street Address

Should the new street address be your registered address?

Yes

No

Old Postal Address

New Postal Address

Should the new Postal address be your registered address?

Yes

No

Please note: if you tick Yes for both your Street address and Postal address to be the registered address, the Postal address will be used

Contact Information

Email Address

Should the email address noted above be used for electronic contract notes?

Yes

No

Phone (H)

Phone (M)

Phone (W)

Signature of Account Holders

I/we declare that the information provided on this form is correct and I/we understand that it is an offence to provide misleading information. Please adjust your records to reflect the changes on this form.

I/we further warrant that the information provided on this form or to my/our adviser is complete and correct and we will promptly notify Morrison Securities or any changes to this information

Individual / Director (1): Full Name

Signature

Date

Individual / Director (2): Full Name

Signature

Date

Individual / Director (3): Full Name

Signature

Date

All account holders must sign. For company accounts, sign in accordance with the company's constitution.