



KYC MODIFICATION REQUEST FORM

ACCOUNT NUMBER:

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CLIENT INFORMATION

<i>First Name (Include name suffix Sr., Jr., IV)</i>			<i>Middle Name</i>			<i>Last Name</i>						
<i>Date of Birth (mm/dd/yyyy)</i>				<i>Email Address</i>			<i>Cell Phone No.</i>			<i>Registered ID Number</i>		

CERTIFICATION

I hereby certify that the information given, and all statements made herein are true and correct. Likewise, I hereby authorize SouthBank Inc. to collect record, organize, update/modify, consult, use, consolidate, block, erase or destruct my personal data as part of my information. I hereby affirm my right to: (a) be informed; (b) object to processing; (c) access; (d) rectify, suspend or withdraw my personal data; (e) damages; and (f) data portability pursuant to the provision of R.A. No. 10173 (Data Privacy Act of 2012).

Signature over Printed Name

Date

REASON FOR MODIFICATION

FOR BANK USE ONLY

RECEIVED BY:

 APPROVED DISAPPROVED

Signature Over Printed Name

Date

Signature Over Printed Name

Date

PERFORMED BY:

Signature Over Printed Name

Date