



# 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