

Instructions:

- Please complete in CAPITAL LETTERS where applicable. Please answer all items. If an item is not applicable to you, Indicate N/A.
- Print in A4

DATE (MM/DD/YYYY)

General Information

ACCOUNT NUMBER :

ACCOUNT NAME :

Client Information

Instruction: Mark the box(es) with an "x" the information you wish to update and apply the necessary information. All changes must be supported by legally acceptable documents.

☐

Change my name due to:

☐

Marriage

☐

Legal Separation

☐

Correction

From :

To :

☐

Change my contact details:

☐

Telephone Number

☐

Cellphone Number

☐

Email Address

From :

To :

☐

Change my address:

☐

Permanent Address

☐

Present Address

☐

Mailing Address

From :

To :

☐

Change my employment details:

☐

Nature of Work

☐

Name of Employer

From :

To :

☐

Change in the settlement instruction for USD distributing funds:

FUND NAME :

ACCOUNT NAME :

BANK NAME :

ACCOUNT NUMBER :

Declaration

I indemnify and hold ATR FAMI, its officers, employees and representatives, free and harmless from any costs, losses, liabilities, damages, and expenses whatsoever arising out of or in connections with the changes indicated above. This arrangement shall be in effect until revoked by a written advice from the shareholder whose name and signature appear hereunder.

I hereby declare that all information disclosed in this Investor Update Form is correct, completed and truly stated. and that identification documents presented are authentic and legitimate

SIGNATURE OVER PRINTED NAME

BOOKING CONFIRMATION (for ATR FAMI use only)

DATE AND SIGNATURE VERIFIED

RECEIVED BY

SIGNATURE OVER PRINTED NAME

AUTHORIZED BY