

# Customer Information Change Form

Format No.

Rev. No.

Rev. Date.

Document No. \_\_\_\_\_ & Date: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Request received through: \_\_\_\_\_ E-mail \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_ letter

Customer Name & Address

Contact Details:

Type of Information Change

- |   |   |
|---|---|
| <input type="radio"/> Registered Address Change       | <input type="radio"/> Company Name Change           |
| <input type="radio"/> Telephone Number Change         | <input type="radio"/> Company Unit Change           |
| <input type="radio"/> Contact Person Change           | <input type="radio"/> Technical requirements Change |
| <input type="radio"/> Document Change   System Change | <input type="radio"/> Delivery Address Change       |
| <input type="radio"/> Any other Change                | <input type="radio"/> Billing Address Change        |

Old Information

New Information

Accepted Changes – Manager Marketing

Customer (Purchase Office) Sign.