



Client Code: \_\_\_\_\_

**CHANGE OF CLIENT'S DETAILS – NATURAL PERSON**

For the purposes of offering you the best possible service, protection and promotion of your interests, and in order to comply with the Law and the Directives of the Cyprus Securities and Exchange Commission and the Prevention and Suppression of Money Laundering Activities Law 188(I)/2007, it is highly important that you provide us with updated information regarding yourself. You are kindly requested to complete on this Form any changes in the information provided until today.

It is noted that we shall deem that the information you have provided is correct and complete and shall rely on this information.

**A. CLIENT DETAILS**

Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Identity Card/ Passport No.: \_\_\_\_\_ Country of Issue: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Tel.: \_\_\_\_\_  
Home Tel. (Landline): \_\_\_\_\_ Tel. (Mobile): \_\_\_\_\_ Fax: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
General Correspondence Address (if different): \_\_\_\_\_ P.O. Box: \_\_\_\_\_  
City: \_\_\_\_\_ Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

CLIENT'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Identification Card/ Passport no.: \_\_\_\_\_

WITNESS'S SIGNATURE \_\_\_\_\_ Date: \_\_\_\_\_  
Full Name: \_\_\_\_\_  
Identification Card/ Passport no. : \_\_\_\_\_  
Address: \_\_\_\_\_