


## Add/Change of Beneficiary Account Details (individual)

Please fill in all relevant information with your registered signature or seal and return this document to us, by fax or post. We will send you confirmation by post. If you need more spaces, please copy and use the second page.

**We ask that a processing time of approximately one week be allowed for when registering new beneficiary accounts, or changes in existing beneficiary account information. In the case of a change of beneficiary account details, should you wish to make a transfer before receiving the confirmation letter in the post, please make sure to confirm that the change has been put into effect *before* transferring the funds across. Should you be in a hurry to make a transfer, please be sure to complete any necessary changes or additions at least one day in advance of making the payment.**

Please tick either add or change. If you wish to change the details of an existing beneficiary account, please write the BIC number in the space provided.

<input type="checkbox"/> Add	<input type="checkbox"/> Change BIC:
Expected date of first payment:	

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">Family Name</td> <td style="width: 33%; border-bottom: 1px solid black;">First Name</td> <td style="width: 33%; border-bottom: 1px solid black;">Middle Name</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Home Address (Must be current and match Alien Registration Card/ Drivers License)</td> </tr> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Company Name</td> </tr> <tr> <td style="border-bottom: 1px dashed black;">Company Address</td> <td style="border-bottom: 1px solid black;">Tel:</td> <td style="border-bottom: 1px solid black;">Fax:</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Source of funds</td> <td colspan="2"></td> </tr> </table>	Family Name	First Name	Middle Name	Home Address (Must be current and match Alien Registration Card/ Drivers License)			Company Name			Company Address	Tel:	Fax:	Source of funds			Tel: Fax: Mobile: E-mail: Registered Signature or Seal <div style="text-align: center; margin-top: 20px;">           _____          (Date / / )       </div>
Family Name	First Name	Middle Name														
Home Address (Must be current and match Alien Registration Card/ Drivers License)																
Company Name																
Company Address	Tel:	Fax:														
Source of funds																

■ Items marked with a square must be completed.

<b>1</b> <span style="color: green;">■</span> Beneficiary Name	For office use (BIC No)	
<span style="color: green;">■</span> Beneficiary Bank and Branch Address	<span style="color: green;">■</span> Beneficiary's current country of residence	<span style="color: green;">■</span> Beneficiary's relationship to yourself
<span style="color: green;">■</span> Bank/Branch Code (eg. ABA No, Sort Code, BSB No)	IBAN	
<span style="color: green;">■</span> Account number	<span style="color: green;">■</span> Currency	<span style="color: green;">■</span> Expected remittance volume per year (Yen)
<span style="color: green;">■</span> Purpose of Remittance	<span style="color: green;">■</span> Expected usage per year	
If Purpose of Remittance is payment for purchasing or importing goods, please fill in the following columns.	Special Instruction	
Kind of goods		
Country of Origin	Place of Shipment	

2 ■ Beneficiary Name		For office use (BIC No)	
■ Beneficiary Bank and Branch Address		■ Beneficiary's current country of residence	■ Beneficiary's relationship to yourself
		IBAN	
■ Bank/Branch Code (eg.ABA No, Sort Code, BSB No)		SWIFT Code	
■ Account number	■ Currency	■ Expected remittance volume per year (Yen)	■ Expected usage per year
■ Purpose of Remittance <hr/> If Purpose of Remittance is payment for purchasing or importing goods , please fill in the following columns. Kind of goods <hr/> Country of Origin                      Place of Shipment		Special Instruction	

3 ■ Beneficiary Name		For office use (BIC No)	
■ Beneficiary Bank and Branch Address		■ Beneficiary's current country of residence	■ Beneficiary's relationship to yourself
		IBAN	
■ Bank/Branch Code (eg.ABA No, Sort Code, BSB No)		SWIFT Code	
■ Account number	■ Currency	■ Expected remittance volume per year (Yen)	■ Expected usage per year
■ Purpose of Remittance <hr/> If Purpose of Remittance is payment for purchasing or importing goods , please fill in the following columns. Kind of goods <hr/> Country of Origin                      Place of Shipment		Special Instruction	