

Application for Change of Personal Information and Consolidated Statement Delivery Method

The Applicant hereby applies to make the following change(s), and agrees that all subsequent notifications to be sent by the Bank will follow the information provided below. If a change of education, marital status, or occupation produces any discrepancy, the Bank may unilaterally update existing records to match the information below.		Affix the authorized seal for the account on the left
Mandatory information	Application date: ____ (yyyy) ____ (mm) ____ (dd) Applicant: _____ ID Number/UBN: _____ FCB account (if any): _____	
*1. Consolidated Statement Delivery Method	Apply in branch only [Join us in going green. Please select delivery by email.] <input type="checkbox"/> Email (emailed monthly to the Applicant's registered email address at FCB; default and only option for all ez-Account statements) * To apply for the electronic version of Consolidated Bank Statements, the applicant is required to authenticate his/her email address, and the electronic consolidated statement service will take effect in the month following the completion of authentication. If authentication is not completed, please visit your home branch to collect physical consolidated statements. <input type="checkbox"/> Mailing address: (sent to all account holders where required by law, or else to randomly selected account holders) <input type="checkbox"/> Collection in person: (FCB may send a statement to the Applicant's mailing address randomly as part of the internal management practice or give it to the Applicant in person)	
*2. E-mail	Apply in branch only *Mandatory where consolidated statements are to be sent by email or ATM transfer notifications are enabled.	Individual account: <input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Child <input type="checkbox"/> 4. Other family member <input type="checkbox"/> 5. Other _____ <input type="checkbox"/> 6. Foreign workers-intermediary/translator/relatives in Taiwan Corporate account: <input type="checkbox"/> 1. Same group or affiliates <input type="checkbox"/> 2. Other _____ * If an e-mail matches a client's email on our records, one of the reasons must be selected.
*3. Telephone Fax	Home Telephone: () _____ Ext. _____ Work Telephone: () _____ Ext. _____ Fax: () _____	Apply in branch only *Mobile Phone: Individual account: <input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Child <input type="checkbox"/> 4. Other family member <input type="checkbox"/> 5. Other _____ <input type="checkbox"/> 6. Foreign workers-intermediary/translator/relatives in Taiwan Corporate account: <input type="checkbox"/> 1. Same group or affiliates <input type="checkbox"/> 2. Other _____ * If a mobile phone matches another client's mobile phone on our records, one of the reasons must be selected.
4. UBN/Registration Address	Apply in branch only (Application can be made at any FCB branch and must be accompanied by ID/registration document and the authorized seal for any FCB account.)	
5. Mailing/Business Address	Apply in branch only <input type="checkbox"/> Same as Registration Address <input type="checkbox"/> As follows Individual account: <input type="checkbox"/> 1. Parent <input type="checkbox"/> 2. Spouse <input type="checkbox"/> 3. Child <input type="checkbox"/> 4. Other family member <input type="checkbox"/> 5. Other _____ <input type="checkbox"/> 6. Foreign workers-intermediary/translator/relatives in Taiwan Corporate account: <input type="checkbox"/> 1. Same group or affiliates <input type="checkbox"/> 2. Other _____ * If a mailing/business address matches another client's mailing/business address on our records, one of the reasons must be selected.	
*6. Occupation	<input type="checkbox"/> 01: Agric., forestry, fishing and husbandry <input type="checkbox"/> 02: Civil servant <input type="checkbox"/> 03: Military/Police <input type="checkbox"/> 04: Teacher <input type="checkbox"/> 05: Finance <input type="checkbox"/> 06: Insurance <input type="checkbox"/> 07: IT <input type="checkbox"/> 08: Telecom <input type="checkbox"/> 09: Broker <input type="checkbox"/> 10: Freelancer <input type="checkbox"/> 11: Service <input type="checkbox"/> 12: Doctor <input type="checkbox"/> 13: Accountant <input type="checkbox"/> 14: Architect <input type="checkbox"/> 15: Lawyer <input type="checkbox"/> 16: Media <input type="checkbox"/> 17: Travel <input type="checkbox"/> 18: Intl. trade <input type="checkbox"/> 19: Healthcare <input type="checkbox"/> 20: Electronics <input type="checkbox"/> 21: Retail <input type="checkbox"/> 22: Wholesale <input type="checkbox"/> 23: Department store <input type="checkbox"/> 24: Manufacturing <input type="checkbox"/> 25: Food <input type="checkbox"/> 26: Transportation <input type="checkbox"/> 27: Hostelry <input type="checkbox"/> 28: Catering <input type="checkbox"/> 29: Architecture <input type="checkbox"/> 30: Construction <input type="checkbox"/> 31: Student <input type="checkbox"/> 32: Household management <input type="checkbox"/> 33: Unemployed/Retired <input type="checkbox"/> 34: Arms industry <input type="checkbox"/> 35: Military precision equipment <input type="checkbox"/> 36: High-unit-price products (jewels, precious metals, artworks, antiques, and others) <input type="checkbox"/> 37: Retailing (not provided in physical stores) <input type="checkbox"/> 38: Used car or motorcycle trade <input type="checkbox"/> 39: Petroleum and diesel trade <input type="checkbox"/> 40: Commodities trade <input type="checkbox"/> 41: Water, electricity, and gas supplier <input type="checkbox"/> 42: Freight transportation <input type="checkbox"/> 43: Pawnshop, cash services, and other private financing <input type="checkbox"/> 44: Virtual currency <input type="checkbox"/> 45: Real estate investment, trade and brokerage <input type="checkbox"/> 46: Bookkeeper/tax return filing agent and certified public bookkeeper <input type="checkbox"/> 47: Embassy and consulate <input type="checkbox"/> 48: Gambling industry <input type="checkbox"/> 49: Sports, performing arts, and other entertainment services <input type="checkbox"/> 50: Private association or religious/charity organization	
*7. Education	<input type="checkbox"/> 1: Below Junior High School <input type="checkbox"/> 2: Junior High School <input type="checkbox"/> 3: Senior/Vocational High School <input type="checkbox"/> 4: Bachelors' Degree <input type="checkbox"/> 5: Masters' Degree <input type="checkbox"/> 6: Doctoral Degree	
*8. Marital Status	<input type="checkbox"/> 1: Single <input type="checkbox"/> 2: Married	
9. Foreign National	Apply in branch only (Application can be made at any FCB branch and must be accompanied by ID/registration document and the authorized seal for any FCB account.) Passport No.: _____ Passport Issue Date: ____ (yyyy) ____ (mm) ____ (dd) Resident Certificate/Permit No.: _____ Resident Certificate/Permit Issue Date: ____ (yyyy) ____ (mm) ____ (dd) Resident Certificate/Permit Expiry Date: ____ (yyyy) ____ (mm) ____ (dd)	
*10. ATM Transfer Notification	<input type="checkbox"/> Mail <input type="checkbox"/> Waived *Notification at ATM for individual accounts. (If opting for "Mail", email or mobile phone required and must be applied in branch)	

*** Important information:**

- If the information provided contains any of the following, the application for change will be void, and this application form will not be returned to the Applicant.
 - Failure to complete this application form as required, having provided incomplete information, having affixed a signature/seal other than the authorized signature/seal, or having provided incorrect ID/UBN.
 - Altering, adding to, or changing any provisions herein without FCB approval, or having the application form arrive damaged, soiled, or illegible and difficult for the Bank to identify or process.
 - Failure to select one or having selected two or more options will void the application for change for the service.
- The new delivery method for consolidated statements selected by the Applicant will also apply to the gold passbook statements, and will take effect in the month following the receipt of the application form by the Bank. **If you have any questions, please call the 24-hour customer service hotline at (02)2181-1111 and dial 1 for banking services.**
- Except for services marked "*" for which a customer may use a signature to apply, services that require application forms be mailed or submitted in branch will require the use of an authorized seal.**
- The Applicant agrees that matters not provided herein shall be governed by the respective service agreements with the Bank.

The branch or the Central Processing Department of the Operations Division will verify the customer's authorized seal or signature (in branch application for services marked "*" only) and use "terminal transaction: 9720 or 9725" to execute the change and record/print on the back or on a blank sheet.

Deposit 215A (Version 2023.06) Seal/Signature verified by: _____ Handled by: _____ Supervisor: _____



Reply envelope

Taipei Post Office Registration

Taipei-Guan No. 003693

Letter (postage exempted)

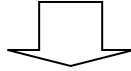
2F., No. 38, Yanping S. Rd., Zhongzheng Dist., Taipei City 10043
Central Processing Department, Operations Division, First
Commercial Bank

Application process

To print this application form, please use A4 paper and print on both sides

Reminder: (Please check selection)

- The Application for Change of Personal Information and Consolidated Statement Delivery Method on the back is completed.
- The authorized seal for any FCB account is affixed.



Complete this form, fold it along the dotted line and seal it.
 Mail it directly to the Central Processing Department,
 Operations Division, First Commercial Bank,
 or hand it in at any FCB branch.

