

PERSONAL DATA CHANGE FORM

Client number: Euro-Plus Savings Account number:

Account holder

Name:
 Address:
 Zip code: City:
 Phone:
 E-mail:

PLEASE FILL IN CLEARLY WHAT HAS TO BE CHANGED

Adding second account holder / attorney / legal representative*

Initials: Mr Ms Date of birth:
 Name: BSN (social security number):
 Address: Nationality:
 Zip code: Phone:
 City: Mobile:
 Country: E-mail:
Identification Passport Number:

Change address

Old New
 Address: Address:
 Zip code: Zip code:
 City: City:
 Country: Country:

Change / add* contra account

Account-/giro number:
 Name of account holder:
 City:

When changing / adding a contra account, funds need to be transferred from the new contra account

Add / change* E-mail address.....

Close savings account

Yes, I/we* want to close our savings account and I/we* request Yapi Kredi Bank to transfer the balance on the account to my/our* contra account:

Account number:

Signature

Date: Place:

Signature 1st Account holder:

Signature 2nd account holder/attorney/legal representative

* Please cross out which is not applicable

Please send this form to: Retail Banking Department, P.O. Box 94042, 1090 GA Amsterdam