



# goldfields

M O N E Y

Date:

Client ID No:


## CHANGE OF NAME / ADDRESS

PLEASE CHANGE MY NAME / ADDRESS AS FOLLOWS

Previous or Current Full Name	
New Full Name: (if change of name)	
Previous Address	
New Address	

## NEW CONTACT DETAILS

Phone (Home)		Phone (Work)		Mobile	
Email					
Previous or Current Signature			New Signature (if change of name)		
Document verifying name change					
KYC Check Completed	AML / CTF Compliance Officer				

Banking on Better Service