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| **Kepada/ To: PT Bank Resona Perdania**  Saya/Kami yang bertanda tangan di bawah ini, secara sah mewakili perusahaan sebagaimana AD/ART bermaksud untuk mengubah beberapa Informasi Saya/Kami yang teregistrasi pada Bank:  *I/We the undersigned below, legally represent the company as AoA/Bylaw would like to change My/Our Information registered at the Bank:* | | | | | | | | | | | | | | | | |
|  | **Rincian perubahan\***  ***Detail of change\**** | | | | | **Kondisi Sebelumnya**  ***Previous Conditions*** | | | | | **Kondisi Baru**  ***New Conditions*** | | | | | |
|  |  | Nama Nasabah  *Customer Name* | | | |  |  | | | |  | |  | | | |
|  |  | Alamat *Address* | | NIB  *NIB* | |  |  | | |  |  | |  | | |  |
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| Domisili  *Domicile* | |  |  | | |  |  | |  | | |  |
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|  |  | Nomor Telepon  *Phone No.* | | | |  |  | | |  |  | |  | | |  |
|  |  | Nomor Faksimili  *Fax No.* | | | |  |  | | |  |  | |  | | |  |
|  |  | Stempel Perusahaan  *Company Stamp* | | | |  |  | | |  |  | |  | | |  |
|  |  | Nama Penerima Kuasa Tanda Tangan  *Authorized Signature’s Name* | | | | 1. |  | | |  | 1. | |  | | |  |
| 2. |  | | |  | 2. | |  | | |  |
| 3. |  | | |  | 3. | |  | | |  |
|  | Nama Penerima Kuasa Akses Masuk Safe Deposit Box  *Power of Attorney for Safe Deposit Box Access* | | | | 4. |  | | |  | 4. | |  | | |  |
| 5. |  | | |  | 5. | |  | | |  |
|  |  | | |  |  | |  | | |  |
|  |  | Nama Petugas untuk Kuasa Khusus  *Assigned Officer’s for Limited Power of Attorney Name* | | | | 1. |  | | |  | 1. | |  | | |  |
| 2. |  | | |  | 2. | |  | | |  |
| 3. |  | | |  | 3. | |  | | |  |
| 4. |  | | |  | 4. | |  | | |  |
| 5. |  | | |  | 5. | |  | | |  |
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|  |  | Nama Kuasa Konfirmasi Transaksi  *Power of Attorney for Confirmation Transaction* | | | | 1. |  | | |  | 1. | |  | | |  |
| 2. |  | | |  | 2. | |  | | |  |
| 3. |  | | |  | 3. | |  | | |  |
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|  | **Alasan / *Reason :*** | | | | | | | | | | | | | | | |
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|  | **Diisi oleh Bank**  ***Filled by Bank*** | | | | | | |  |  | | | | | |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  | **-** |  |  | **-** |  |  |  |  | |  |  |  |  |  |  |  |  |  |  | | | |
|  | Tanggal Efektif  *Effective Date* | | **:** | | ⬜⬜ - ⬜⬜ - ⬜⬜⬜⬜ | | |  |  | | | | | | | |
|  | No. Nasabah  *Customer No.* | | **:** | | ⬜⬜⬜⬜⬜⬜ - ⬜⬜⬜ | | |  |  | | | | | | | |
|  |  | |  | |  | | |  | *Tanda Tangan / Signature* | | | | | | | |
| Perwakilan yang berwenang  *Authorized Representative* | | | | | | | |
|  | **Catatan / *Note:***  Mohon lampirkan dokumen yang terkait dengan perubahan yang ada pada perusahaan Anda  *Please kindly submit supporting document related the requested change information.*  \*Diisi pada kolom yang terdapat perubahan / *Fill in the column with the changes.* | | | | | | |  | Nama  *Name* | | | **:** | | |  | |
|  | Perusahaan  *Company* | | | **:** | | |  | |