



ADDRESS FORM

Date: _____

This document should be typed in English. All fields should be completed.

- New License
 Update of New Contact Details
 Change of Shareholder
 Asset Transfer

Company Details	
Company Name:*	
License Number:*	
Landline/Mobile Number:*	
Fax Number:	
E-mail Address:*	
Contact Person Details	
Name:*	
Designation:*	<input type="checkbox"/> Shareholder <input type="checkbox"/> Director <input type="checkbox"/> Manager <input type="checkbox"/> Others, please specify: _____
Personal E-mail Address:*	
Local Residential Address:	
Local Mobile/Telephone Number:*	
Local Fax Number:	
International Residential Address:	
International Mobile/Telephone Number:*	
International Fax Number:	
<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> _____ Investor's Signature </div> <div style="text-align: center;"> _____ L&L Officer </div> </div>	