

# Client Account Details Correction and Verification Form

Instructions: Use this form to request corrections to your account details. Please print this form, fill in the required details using capital letters, sign, and return it to the account administration department.

---

## 1. Current Account Information (As it currently appears)

Account Number:

First Name:

Last Name / Business Name:

Phone Number:

Email Address:

## 2. Corrected Account Information

Please provide the correct details only in the fields that require changes.

Corrected First Name:

Corrected Last Name / Business Name:

Corrected Phone Number:

Corrected Email Address:

Corrected Street Address Line 1:

Corrected Street Address Line 2:

Corrected City:

Corrected State/Province:

Corrected ZIP/Postal Code:

Corrected Country:

## 3. Verification & Authorization

By signing below, the client certifies that the information provided above is true and correct, and authorizes the immediate update of the account record.

Client Signature (Print Name):

Date of Signature (DD/MM/YYYY):

---

## 4. Internal Office Use Only

Processed By (Staff Name):

Staff Signature:

Date Processed (DD/MM/YYYY):

Verification Method Used: