



INVESTOR UPDATE FORM

I. GENERAL INFORMATION

DATE (MM/DD/YY) - -

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

REASON: _____

II. CLIENT INFORMATION

Instruction: Mark the box(es) with an "x" the information you wish to update and supply the necessary information. All changes must be supported by legally acceptable documents.

Change my name due to: Marriage Legal Separation Correction

From: _____

To: _____

Change my contact details Telephone Number Cellphone Number Email Address

From: _____

To: _____

Change my address Permanent Address Present Address Mailing Address

From: _____

To: _____

Change my employment details Nature of Work Name of Employer

From: _____

To: _____

III. DECLARATION

I indemnify and hold FAMI, its officers, employees and representatives, free and harmless from any costs, losses, liabilities, damages, and expenses whatsoever arising out of or in connection with the changes indicated above. This arrangement shall be in effect until revoked by a written advice from the shareholder whose name and signature appear hereunder.

I hereby declare that all information disclosed in this Investor Update Form is correct, complete and truly stated and that identification documents presented are authentic and legitimate.

Printed Name and Signature of Investor

FOR FAMI USE ONLY

Processed by: _____

Approved by: _____



INVESTOR UPDATE FORM

I. GENERAL INFORMATION

DATE (MM/DD/YY) - -

ACCOUNT NUMBER: _____

ACCOUNT NAME: _____

REASON: _____

II. CLIENT INFORMATION

Instruction: Mark the box(es) with an "x" the information you wish to update and supply the necessary information. All changes must be supported by legally acceptable documents.

Change my name due to: Marriage Legal Separation Correction

From: _____

To: _____

Change my contact details Telephone Number Cellphone Number Email Address

From: _____

To: _____

Change my address Permanent Address Present Address Mailing Address

From: _____

To: _____

Change my employment details Nature of Work Name of Employer

From: _____

To: _____

III. DECLARATION

I indemnify and hold FAMI, its officers, employees and representatives, free and harmless from any costs, losses, liabilities, damages, and expenses whatsoever arising out of or in connection with the changes indicated above. This arrangement shall be in effect until revoked by a written advice from the shareholder whose name and signature appear hereunder.

I hereby declare that all information disclosed in this Investor Update Form is correct, complete and truly stated and that identification documents presented are authentic and legitimate.

Printed Name and Signature of Investor

FOR FAMI USE ONLY

Processed by: _____

Approved by: _____