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CHANGE OF DETAILS FORM

CUSTOMER DETAILS			
Name		Unit No.	
I/C or Passport No.			
Correspondence Address			
Email Address			
Telephone No.	(M) (H) (O)		

We/ I, the undersigned would like to apply the change of: **Please tick (✓) and fill up where applicable.*		
	Unit No. to	
	Address to	
	Name in SPA	Add / Remove :

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