

# CUSTOMER AUTHORISATION

## CHANGE INSTRUCTION FORM

To: Republic Bank (Grenada) Limited

.....  
(Insert Name of Branch)

**CUSTOMER'S NAME**.....

**ACCOUNT/CIF NUMBER**.....

**A.** Until further notice in writing you are hereby authorised and directed to:  
(Please indicate with a tick (✓) in the boxes for items to be amended)

- |                               |                          |                             |                          |
|-------------------------------|--------------------------|-----------------------------|--------------------------|
| <b>Change of Name</b>         | <input type="checkbox"/> | <b>Add another name (s)</b> | <input type="checkbox"/> |
| <b>Change of Address</b>      | <input type="checkbox"/> | <b>Other</b> .....          | <input type="checkbox"/> |
| <b>Change of Phone Number</b> | <input type="checkbox"/> | (Please specify)            |                          |

**B.** Kindly change the above indicated on my records as follows:

.....  
.....  
.....  
.....  
.....

.....  
**Customer's Signature**

.....  
**Date**

.....  
**Verified by**

.....  
**Authorised by**