RT 0 6

PAYMENT INSTRUCTIONS / CHANGE OF POSTAL ADDRESS

Account No: 3 3

IC No: _____

Name: _____

PLEASE TAKE NOTE OF THE FOLLOWING CHANGES:-

LT 1 s31 — * PAYMENT INSTRUCTIONS

For purpose of payment of allowance

* B CREDIT MY BANK ACCOUNT NO.

Bank Name: _____

(ADDRESS is as indicated below)

* D SEND TO MY POSTAL ADDRESS as indicated below

* R SEND TO MY COLLEGE, College Name: _____

(ADDRESS is as indicated below)

FOR OFFICIAL USE ONLY

Bil. LPP 06 33

Payment Facility

Payment Place

ADDRESS:

C/O (if applicable)

House No./ Street

District/ Town

State/ Country

Post Code

LT 2 s32 — * CHANGE OF POSTAL ADDRESS

For Correspondence Only

C/O (if applicable)

House No./ Street

District/ Town

State/ Country

Post Code

Telephone No.

(*) *DELETE where not applicable*

Date _____ Student Signature _____

FOR OFFICIAL USE ONLY

	Checked by	*Approved by*	*Data entered by*
Signature			
Name			
Date			