



VCB MONEY E-SIGNATURE MAINTENANCE FORM

Date: .../.../...

CUSTOMER INFORMATION:

Customer name: CIF:

Representative: Position:

Address:

Telephone: Fax:

Contract number:

MAINTENANCE REQUEST

Request Vietcombank to implement e-signature changes, as follows:

Request for e-signature cancellation

No	Full name	Position	Reason
1			
2			

Request for additional e-signature

No	Full name	Position	Address to receive e-signature
1			
2			

Representative

(Signature, full name and stamp)

Remark: Representative should be account holder or a person authorized by the account holder. In case of authorization, authorization paper is necessary.

Address to receive requests: Payment center, Head office, Joint Stock Commercial Bank for foreign trade of Vietnam (Vietcombank), 198 Tran Quang Khai, Hanoi.