

RRF-3
REMITTANCE REGISTRATION CHANGE REQUEST FORM (Individual)

(This is a Remittance Registration Facility Modification form and NOT an Account Opening Form)
 I am a Registered Remitter for your Remittance facility. My Remitter Registration number is as mentioned below.
 I request you to amend the following information in my existing Remitter Registration details on items checked.
I am enclosing the photocopies of the relevant documents.

REMITTANCE REGISTRATION NUMBER														
NAME														
_____				_____				_____						
(First)				(Middle)				(Last)						
Modification Required in							Revised information							
PHOTO ID														
<input type="checkbox"/> Photo ID check <input checked="" type="checkbox"/> Driver's license <input type="checkbox"/> State ID <input type="checkbox"/> Passport <input type="checkbox"/> Alien registration Card (please provide photocopy)														
Photo ID number														
Place/State of Issue														
Date of Issue														
Date of Expiry														
ADDRESS														
<input type="checkbox"/> Address/Phone check <input checked="" type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Home Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Cell Phone														
OCCUPATION / ACTIVITY														
ANNUAL HOUSEHOLD INCOME (Attach copy of latest Pay stub/W2/ or IT return to match with amount selected)							<input type="checkbox"/> Up to \$ 25,000 <input type="checkbox"/> Over \$ 25,000 to \$50,000 <input type="checkbox"/> Over \$ 50,000 to \$ 100,000 <input type="checkbox"/> Over \$ 100,000 to \$ 200,000 <input type="checkbox"/> Over \$ 200,000 to \$ 500,000 <input type="checkbox"/> Over 500,000 State annual income if over \$ 500,000 -							
ANNUAL ESTIMATED AMOUNT OF REMITTANCE							USD							
ANY OTHER INFORMATION TO BE MODIFIED / INCLUDED														

 Signature of Registered Remitter

Date _____

Place _____

Enclosed : (1)

(2)

FOR OFFICE USE

- Application scrutinized and modification noted in system on _____
 Documents in support of change of information obtained – please check
 Copy of photo ID W-9 Latest pay slip / W2 / IT return submitted Utility bill

Application scrutinized verified and modifications carried			
Name		Signature	
Title		Place	Date
Reviewed by Compliance Department	Signature: Name:	Date:	