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OPT-OUT E-STATEMENT FORM

Name Of Client:	Client Code:
☐ Mailing Address	☐ Telephone Number / Email:
	Home:
	Office:
Postal Code:	Email:
E-Statement	
☐ I would like to opt out from receiving the E-Statement.	
☐ Others (Please provide details)	
Client's Signature:	Date:
FOR OFFICIAL USE ONLY	
TOR OF FISIAL GOL GIVET	
Witnessed / Verified By:	Data
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Updated by:	Date

POEMS/OOESA/1.1 07 Jan 2014