## **Change of Address Form**

| ontract no.:   |   | Name:  |
|--|---|--|
| hange of Address of  | ☐ Business☐ Residence   |  |
| Kindly adopt this addre<br>and to send any Staten<br>(Bank Domiciliation)  | nent of Account by  | for all contact or correspondence Postal Mail:   |
| Name   | :   |  |
| Company Name   | :   |  |
| Building   | :   | <del></del>  |
| Floor  | :   |  |
| Block  | :   | No:  |
| Street   | :   | No:  |
| Neighborhood   | :   |  |
| District/City/Village  | :   |  |
| Casa and Country   | :   |  |
| Mobile (mandatory)   | :   |  |
| Telephone  | :   |  |
| P.O. Box   | :   |  |
| Fax No.  | :   |  |
| Postal Code  | :   |  |
| E-Mail (mandatory)   | :   |  |
| company's website: www.SNA set out therein and to share m I am entitled at all times to act to SNA S.A.L I also agree and acknowledge to | a.com.lb) and thus give my<br>ny personal data with third<br>cess and/or rectify and/or<br>that SNA S.A.L. may period | been provided with SNA S.A.L.'s Privacy Notice (available at to consent to SNA S.A.L. to process my personal data for the purpose party entities SNA S.A.L. treats with complete and/or update my personal information by reaching control ically change, modify or otherwise revise the Privacy Notice with a rupdate of my personal data being respected at all times. |
| Date:  |   | Signature:   |

PIN updated on:

Submitted by:



Received on:

Received on:

PIN