

Date

## **Authorization of Personal Info Change / Account Closure**

dentification documents provingersonation, theft, or forger learly understand and agree alidity. Should any dispute ar	, I hereby affirm my intention to utilize the functionalities provided by BitoPro. I guarantee that the information and ided by me are true and belong to me. In the event of any discovery of ry, I am willing to accept all relevant legal responsibilities. Furthermore, I that the services described in this application undertaking have legal rise in the future regarding the alleged impersonation or forgery of this ne legal liability and allow BitoPro to handle the dispute in accordance with
Application	Please provide the following information:  1. Please print this application and fill in the signature personally.  2. Provide your ARC or Passport. For Taiwanese individuals, pleas submit your Taiwan ID Card instead of a passport.  3. To change the mobile phone number: For level 2 members, please provide the "new mobile phone numbebill."  For level 1 members, please provide the "old mobile phone numbebill."  4. Please provide a selfie photo holding your identification docume and a signed declaration letter.  Please attach all the required documents and title the email as "Authorization of Personal Info Change / Account Closure." Send the email to <a href="mailtosupport@bitopro.com">support@bitopro.com</a> .
Information Current Befo	re Change / Closure
Registered name	
Registered email	
Registered phone number	
Please select and fill in the b	pox(es) below if you wish to make any changes:
Change Item(s)	
- Email	New Email : *Required Field Reason for change :
Phone Number  Please provide the phone number bill	New Phone Number : *Required Field Reason for change :
Account Closure	To close the email account : Phone number :

Signature Of Declarant