

**INTERNET BANKING FOR BUSINESS - SECURITY DEVICE REQUEST FORM**

Name of Sole Proprietorship/Partnership/Company/Club/Association/Society \*

---

Account No :    -        -

Corporate Electronic Banking Number

Tel No. \_\_\_\_\_ Fax No. \_\_\_\_\_

\* Please delete where not applicable.

**I would like to request for a new Security Device for the following Delegate:**

(This request can only be made and must be signed by the Authorised Signatories.)

Delegate User ID

Name \_\_\_\_\_

IC No. \_\_\_\_\_ Tel No. \_\_\_\_\_

Passport No. \_\_\_\_\_ (Mandatory for expatriates)

**Please select the reason for the Security Device request.**

- 1.  I have just reactivated my Internet Banking Account and have never received a Security Device.
- 2.  The previous Security Device was lost.
- 3.  The previous Security Device was broken / worn out / indicated low battery.
- 4.  The previous Security Device was stolen. (Please provide a police report for the stolen Security Device)

- For the above case (3), the old Security Device must be returned to any HSBC branch, or mailed to HSBC.
- If you lose your device, or if your Security Device is determined to be broken by your own negligence (i.e. gets wet, is stepped on, etc.) you will be charged BND\$20 for a replacement.
- Stolen Security Devices and Devices broken through the normal wear & tear, or age of the device, will be replaced free of charge.
- Where a Security Device replacement is sent and the broken security device is not returned or the police report is not received within 30 days, you will be charged BND\$20 for the replacement.

**Please specify how you wish to receive the Security Device:**

- a  Collect from Branch. Please specify the branch where the Security Device will be collected. \_\_\_\_\_
- b  Mail to your corporate address.

\_\_\_\_\_  
Signature of Authorised Signatory

\_\_\_\_\_  
Signature of Authorised Signatory

\_\_\_\_\_  
Full name of Authorised Signatory in BLOCK LETTERS

\_\_\_\_\_  
Full name of Authorised Signatory in BLOCK LETTERS

\_\_\_\_\_  
Job title of Authorised Signatory

\_\_\_\_\_  
Job title of Authorised Signatory

Chop / Stamp of Sole Proprietorship / Partnership / Company / Club / Association / Society \*

\* Please delete where not applicable.

**FOR BANK USE**

Signature(s) Verified

Date Received

Input By   
Approved By