

To : The Manager

The Hongkong and Shanghai Banking Corporation Limited

Office _____

Date _____

STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON DATE

NOTE: Please tick () where applicable.

New Standing Instruction (Please complete all applicable boxes)

Amendment of Existing Standing (Please complete box numbers 1, 2, 3, 9 and 10 as well as those boxes you wish to amend)

1. Primary Account Number (to be debited)	2. Account Name
2. Effective Date (i.e. Date of first transfer. Subsequent payments will be made on, or as close to, the same day of each period specified by you in the next box)	4. Frequency (Daily, Weekly, Monthly, etc.)
5. Expiry Date or Total Number of Instructions (Leave blank if you wish the instruction to continue until further notice)	6. Priority (If not specified, this standing instruction will be generated after all other standing instruction(s) based on the same date)

Please complete either Option 1 or Option 2

Option 1	7. Transfer of fixed sum of (please specify Currency and Amount) _____ 1st payment amount \$ _____ (Please specify if 1st and final payment amount differ from above) Final payment amount \$ _____	(IT1)
	Payment Method <input type="checkbox"/> Internal Transfer or <input type="checkbox"/> Demand Draft or <input type="checkbox"/> Cashier's Order or <input type="checkbox"/> Telegraphic Transfer	Payment Currency (i.e. Currency you wish Beneficiary to receive if payment method is by Cashier's Order or Demand Draft or Telegraphic Transfer)
	Auto Debit Accounts (optional - if allows auto transfer of funds from 2 other accounts to make up the payment account) Auto Debit Account No. 1: _____ Auto Debit Account No. 2: _____	
Option 2	Transfer (internally) the credit balance (less holds) of the abovementioned account LESS* retention amount of _____ *Amount Must be in the same currency as the Primary Account stated in box 1 above. Include O/D Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	(IT2)

8. Name & Address of Beneficiary's Bank (not required if payment method is by Cashier's Order or Demand Draft which are to be sent directly to the Beneficiary)

9. Beneficiary's Account Number (optional if payment method is by Cashier's Order or Demand Draft or Telegraphic Transfer)	10. Beneficiary's Name(s) (not required if payment method is by Internal Transfer)
---	---

11. Beneficiary's Address (not required if payment method is by Internal Transfer)

12. Is an advice of each transfer required by the Primary Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Is an advice of each transfer required by the Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

14. Payment Narrative (which will appear on each party's statement and/or advice respectively)

Primary Account Holder _____

Beneficiary _____

Declarations

- I/We understand that if there are insufficient funds in my/our account (Autopay Out only) on a pre-specified number of occasions as advised by the bank, the Bank may cancel my/our instruction with prior advice to me/us.
- I/We understand that a charge may be levied, at the Bank's discretion, on each instruction payment rejected due to lack of funds.
- I/We understand that any charges levied (including commission, postage and stamp duty) may be debited to my/our account mentioned above.
- I/We understand that the Bank accepts no responsibility for any loss or delay which may occur in the transfer, transmission and/or application of funds or (in the case of remittance by telegraphic transfer) for any error, omission or mutilation which may occur in the transmission of any message or for its misinterpretation when received and I/we agree to indemnify the Bank against any actions, proceedings, claims and/or demands that may arise in connection with such loss, delay, error, omissions, mutilation or misinterpretation.

S.V.

Name(s) (in Block Letters)

Signature(s)

Contact Telephone Number

For Bank Use Only	
Signature Verified and Prepared by	Additional Information
Date:	ORM Charge Type <input type="checkbox"/>
Data Input Checked and Authorised by	Instruction in Total _____
Date:	Priority _____
	I/E Cost Centre (Primary Party) _____
	Commission _____
	I/E Cost Centre (Associate Party) _____
	Postage _____
	CBID Code _____
	Stamp Duty _____
	S/I Number _____

P3

(IT2)

UB010R3(6) (2507997)