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 Instruction (Please complete box number 1, 2, 3, 9 and 10 as well as those boxes you wish to amend

P3

1. Primary Account Number *(to be debited)*	**2. Account Name**
3. 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. Last payment 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

7.	Transfer a fixed sum of (please specify Currency and Amount) _____	(IT1)
Option 1	**Payment Method** ☐ Internal Transfer or ☐ Demand Draft or ☐ Cashiers Order or ☐ 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 ☐ Yes ☐ No	(IT2)

8. Name & Address of Beneficiary's Bank *(not required if payment method is by Cashiers 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? ☐ Yes ☐ No	**13.** Is an advice of each transfer required by the Beneficiary? ☐ Yes ☐ No
14. Payment Narrative *(which will appear on each party's statement and/or advice respectively)* Primary Account Holder Beneficiary	

Declarations

1. 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.
2. I/We understand that a charge may be levied, at the Banks discretion, on each instruction payment rejected due to lack of funds.
3. I/We understand that any charges levied (including commission, postage and stamp duty) may be debited to my/our account mentioned above.
4. 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 transfers) 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, omission, mutilation or misinterpretation.

_____
Name(s) (in Block Letters)

_____ _____
Signature(s) Contact Telephone Number

For Bank Use Only		
Signature verified and prepared by Date:	**Additional Information** Instructions in Total ____ Priority ___ Commission _____ Postage _____ Stamp Duty _____	ORM Charge Type __ I/E Cost Centre (Primary Party) ____ ____ ___ I/E Cost Centre (Associate Party) ____ ____ ___ CBID Code _____ _____ S/I Number ____
Data Input Checked and Authorised by Date:		

HUB010R3(6) (250797)

致：經理

香港上海滙豐銀行有限公司

_____ 分行　　日期 _____

以交易為準的常行指示 (款項轉賬)

注意：請在適當的地方加 ☑ 號

☐ 新常行指示 (請填寫所有適當的方格)

☐ 修改原來的常行指示 (請填寫方格1,2,3,6,8,9號及其他欲修改的方格)

P3

1. 基本戶口號碼 *(支賬用)*	**2.** 戶口名稱
3. 生效日期 *(即自修改日起可進行首次轉賬)*	**4.** 最後付款日期或指示總數 *(如欲本指示持續至另有通知止者，請將此格留空)*
5. 交易類別 *(作轉賬的存款類別)* ☐ 所有存款 *(包括薪金)*　☐ 僅限薪金存款	**6.** 指定期內 *(見方格7)* 最高轉賬次數
7. 期間 *(按日、按星期、按月等)*	**8.** 優先次序 *(如無注明，本常行指示將繼其他所有以交易為準的常行指示後生效)*
9. 交易款項 _____	在轉賬次數符合並且不超出上述指定期間內轉賬次數上限的情況下，凡存入上述戶口的存款，如屬上述指定交易類別而款額超出在此所列明者，下述轉賬款額將自動轉入有關戶口。

10. 轉賬金額

☐ 固定款項 *(請註明貨幣及金額)* _____ (IT1)

或 ☐ 上述戶口的結餘 *(扣除保留的金額)* _____ (IT2)

包括透支　☐ 是　☐ 否

或 ☐ 交易款額 *(扣除)* _____ 保留金額* (IT3)

*交易的貨幣必須與方格一所述基本戶口的幣別相同。

11. 受款人戶口號碼	**12.** 受款人姓名
13. 基本戶口持有人是否要求轉賬均有通知書？ ☐ 是　☐ 否	**14.** 受款人是否要求每次轉賬均有通知書？ ☐ 是　☐ 否

15. 付款摘要 *(將分別列印於各方的結單及/或通知書上)*

基本戶口持有人

受款人

聲明：

一. 本人(等)明白一切費用 (佣金、郵費及花稅) 將於本人(等)的上述戶口支取。

二. 本人(等)證實如上述常行指示連續**12**個月停用，貴行獲准在通知本人(等)的情況下終止本指示。

三. 本人(等)明白，如在資金轉賬、傳送及/或應用的過程中出現任何遺失或延誤的情況，貴行毋須負上責任；本人(等)並同意就該等遺失、延誤、錯誤、遺漏、破損或誤解所引致的任何訴訟、法律程序、申索及/或要求賠償貴行的損失。

_____
姓名(請用正楷)

_____　　_____
簽 署　　聯絡電話號碼

For Bank Use Only	
Signature verified and prepared by	**Additional Information** Instructions in Total ☐☐☐　S/I Number ☐☐☐ Priority ☐☐
Data Input Checked and Authorised by Date:	Commission ☐☐☐☐☐☐☐☐☐☐ Postage ☐☐☐☐☐☐☐ Stamp Duty ☐☐☐☐☐☐☐☐☐

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