

Business Banking

Add-on Services Form (Limited Company/Society/Association/Club/Trust)

SECTION I

Name: _____

Account Number(s): 1. _____ 2. _____ 3. _____

Please tick the required add-on services.

- Business PhoneBanking Business Doorstep Banking Fixed Deposit
 No Bounce Cheque Protection
(Business Vantage only) Cheque payable at par
(Business Vantage only)

Please complete the details in the corresponding parts of Section III.

SECTION II

Mandate/Declaration

Types of account Current account Savings account*

*Only for Societies, Associations, Clubs, it applicable.

For Limited Company only

We hereby certify that the following are the true extracts of resolutions passed at the meeting of the Board of Directors of the Company held on the _____ day of _____ 20____.

For Society/Association/Club only

We hereby certify that the following are the true extracts of resolutions passed at the meeting of the members of Society/ Association, office bearers of Club held on the _____ day of _____ 20____.

For Trust only

We hereby certify that the following are the true extracts of resolutions passed at the trustees meeting held on the _____ day of _____ 20____.

Resolved

- That a current account(s) and/or Fixed Deposit(s) to be opened in the name of _____ with The Hong kong and Shanghai Banking Corporation Limited (HSBC), _____ branch
- **Further resolved** that the Bank be instructed to make Fixed Deposits, honour all cheques, bills of exchange, promissory notes or other orders which may be drawn by/accepted/made by or behalf of the Company/Society/Association/Club/Trust and to act on any instructions so given relation to the account whether the same be overdrawn or not or relation to the transactions of the Company/Society/Association/Club/Trust, by _____ (any one/two or more, as may be necessary) of the following Trustees/Authorised Signatories authorised to sign:

Names 1. _____ 2. _____ 3. _____

Designation

Designation

Designation

And such signatures shall bind the Company/Society/Association/Club/Trust in all transactions between the Bank and the Company/Society/Association/Club/Trust.

- **Further resolved** that the Company/Society/Association/Club/Trustees of the trust be and is hereby authorised to avail of the following additional banking facilities with the Bank inter alia against terms and conditions more specifically mentioned in the Bank's terms and conditions, which were placed before the board and as amended from time to time

The Directors of the Company/Members of the Society/Association/Office bearers of Club/Trustees of Trust be and is hereby authorised _____ singly to sign the required indemnity declarations, agreement and any other document that is needed to enable the Company/Society/Association/Club/Trust to avail the following banking facilities offered by the Bank.

1. Business PhoneBanking

- **Further resolved** that the Bank be and is hereby requested to provide (name of the Company/Society/Association/Club/Trust) _____ Business PhoneBanking facility to enable the company to operate the following accounts on the telephone:

Account Number(s): 1. _____ 2. _____ 3. _____

- **Further resolved** that the Bank be requested to hand over related PhoneBanking number(s) and PIN(s) to the following person(s) [called 'Delegate(s)'] for enquiry and for transaction with authorisations as per the following matrix: (the related POA document need to be attached, if any):

Name of Delegate	Designation	Account no(s).	Transaction Authorisation		
			Fund Transfer	Fixed Deposit*	Third Party Payments**
1.					
2.					
3.					
4.					
5.					

*Only if the accountholder has an existing Fixed Deposit with the Bank. **Third party payments limit: ₹50,000 (including cashier's orders and demand drafts).

Inter alia against the terms and conditions for Business PhoneBanking issued by the Bank from time to time.

2. Cheque payable at Par

- **Further resolved** that the Bank be and hereby requested to allow the facility of cheques payable at par to the Company/Society/ Association/Club/Trust as per the Bank's terms and conditions, as amended from time to time.

3. Business Doorstep Banking

- **Further resolved** that the Bank be hereby requested to allow the facility of Business Doorstep Banking to the Company/Society/ Association/Club/Trust as per the Bank's terms and conditions, as amended from time to time.

4. No Bounce Cheque Protection

- **Further resolved** that the Bank be and hereby requested to allow the facility of No Bounce Cheque Protection. We hereby authorise the Bank to honour all cheques drawn on our account numbers _____, upto a maximum overdraft (aggregate) debit limit of ₹1,00,000 even though the funds available in this account may be insufficient. We shall arrange to fund the current account with the amount outstanding, including the applicable interest amount, calculated at the rate of the Bank Prime Lending Rate plus 3%, within 7 days of availing the facility

Dated this _____ day of _____ 20_____.

Certified to be true for (Name of Company/Society/Association/Club/Trust) _____

Signature of Chairman/Secretary/Trustee in case of Trust (with rubber stamp)

Section III

Indemnity/Add-on Services

We wish to avail of the following facilities offered by the Bank:

A. Business PhoneBanking

For pre-designed payments (per day limit of ₹2,50,000), the following has to be filled in:

The Manager

The Hongkong and Shanghai Banking Corporation Limited.

Dear Sir,

I/We wish to avail of the pre-designated payment facility on Business PhoneBanking for the following beneficiary(ies):

Beneficiary A/c number

1. _____ 2. _____

Beneficiary Bank details

1. _____ 2. _____

Name of delegate(s)

1. _____ 2. _____

Beneficiary name

1. _____ 2. _____

Maximum amount per day

1. _____ 2. _____

Business PhoneBanking Delegate Details

Delegate 1

Name: _____
First Name Middle Name Last Name

Correspondence Address: _____

Tel.: _____

Mobile/Pager: _____

Fax: _____

PAN No.: _____

E-mail: _____

Delegate Signature: _____

Photograph of the Delegate

Delegate 2

Name: _____
First Name Middle Name Last Name

Correspondence Address: _____

Tel.: _____

Mobile/Pager: _____

Fax: _____

PAN No.: _____

E-mail: _____

Delegate Signature: _____

Photograph of the Delegate

Delegate 3

Name: _____
First Name Middle Name Last Name

Correspondence Address: _____

Tel.: _____

Mobile/Pager: _____

Fax: _____

PAN No.: _____

E-mail: _____

Delegate Signature: _____

Photograph of the Delegate

Delegate 4

Name: _____
First Name Middle Name Last Name

Correspondence Address: _____

Tel.: _____

Mobile/Pager: _____

Fax: _____

PAN No.: _____

E-mail: _____

Delegate Signature: _____

Photograph of the Delegate

B. BUSINESS DOORSTEP BANKING

Customer Details

Delivery address: _____

Contact person: _____ Tel.: _____ Fax: _____

Service Requirements. Types of Service (Please select all the services that you may wish to avail of)

Cash pick up Regular On request# Cash delivery Regular On request#

Cheque pick up Regular On request Draft delivery Regular On request

#Please Note: For Business Account customers, this service is only available by specific request. All customers requesting the above service must fill in the Letter of Indemnity.

Service Details (to be completed by customers requesting regular services only)

Courier pick-up time: Morning pick-up Afternoon pick-up Collection frequency (e.g. daily, weekly, etc.): _____

For regular cash services only, please tick the appropriate option: Flexible Amount Fixed Amount
If fixed, please state amount: ₹ _____

LETTER OF INDEMNITY

To: The Manager

The Hongkong and Shanghai Banking Corporation Limited.

_____ (Branch) Account No(s). _____ Date _____

In consideration of your agreeing to accept from me/us, notwithstanding the terms of the relevant mandate, from time to time, instructions purporting to come from me/us in the form of facsimile/scanned document not bearing an original signature (hereinafter called 'Electronic Instructions') in relation to my/our account referred to the above, without requiring written confirmation in respect of any faxed instructions prior to acting thereon, I/we confirm that:

- I/We am/are aware of the possible risks involved in connection with the giving of any faxed/scanned/phoned instructions in as much as, but not limited to, the Bank not being in a position to verify my/our signatures on such Electronic Instructions, some third party forwarding/sending Electronic Instructions purportedly with respect to my/our account and as given by me/us and the Bank not being able to distinguish that such Electronic Instructions have not come from me/us
- I/We am/are also aware that at the time of delivery of cash and/or draft/cashier's, order/banker's cheque, it will not be possible for the Bank or its messenger/courier to verify that the signatures on cheques at the time of making such delivery or that the said cheques have been drawn in terms of the mandate with respect to my/our said accounts
- You are hereby irrevocably and unconditionally authorised to act on any Electronic Instructions, which you in your sole discretion believe emanate from me/us and you shall not be liable for acting on Electronic Instructions which emanate from unauthorised individual or in any other circumstances whatsoever
- I/We undertake to keep you indemnified at all times against, and to save you harm from all actions, proceedings, claims, loss, damage, costs and expenses, including consequential losses/damages which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of or in connection with your accepting Electronic Instructions purportedly from me/us and acting thereon, whether or not the same are from me/us and/or confirmed in writing by me/us

Customer name(s): _____

Authorised signatory(ies):

C. PLACEMENT OF DEPOSIT Fixed Clutter Ordinary Cumulative

Opening payments ₹ _____ by cash/cheque/debit to A/c No. _____

No. of deposit _____ for ₹ _____ each for _____ days/months/years.

Section IV

Declaration

We confirm that the information given in this document is true and complete and that we have read and accept the terms and conditions governing the account(s) and services we will use and agree to be bound by such terms and conditions.

Name in full of Directors/Members/
Trustee/Office bearers authorised to sign as above

Specimen Signatures
(with rubber stamp)

1. Name _____ 2. Name _____ 3. Name _____

Specimen Signature
(with rubber stamp)

Specimen Signature
(with rubber stamp)

Specimen Signature
(with rubber stamp)

Dated this _____ day of _____ 20 _____

Additional signatures (if any) Name

1. Name _____ 2. Name _____ 3. Name _____

Specimen Signature
(with rubber stamp)

Specimen Signature
(with rubber stamp)

Specimen Signature
(with rubber stamp)

Dated this _____ day of _____ 20 _____

SECTION V

Bank use only

This section is for Banks Use Only

CV

SV

Account Record

NS BL CR/PI NA W/T You NOM LOA SPL IST SS

Customer No. _____ New A/c. No. _____ Date Opened _____ Input by _____

Opened by SalesTeam Walk-in Recommended by _____

Approved by _____ Market Sector Code

Bank
Authorised
Signature and
Stamp

For Business Doorstep Banking

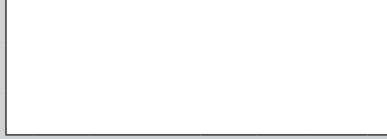
Account Manager Information (HSBC) (For Bank Use Only)

Name: _____ Designation: _____

Location: _____ Controlling centre/cost centre: _____ Tel No.: _____ Fax No.: _____

For Bank Use only

Authorised Signature with Name Chop:



For DDSO Use Only

Authorised Sig. Verified	Internal Verified Sig.	Added/Changed/Deleted	Checked by	Date Processed