

Business Banking

Add-on Services Form *(Sole Proprietorship/Partnership/HUF)*

SECTION I

Name: _____

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

Please tick the required Add-On services.

- | | | |
|---|---|--|
| <input type="checkbox"/> Business PhoneBanking | <input type="checkbox"/> Cheque payable at par <i>(BusinessVantage only)</i> | <input type="checkbox"/> Term Deposit |
| <input type="checkbox"/> No Bounce Cheque Protection <i>(BusinessVantage only)</i> | <input type="checkbox"/> Smart Money Facility | <input type="checkbox"/> Business Doorstep Banking |

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

SECTION II

Mandate/Indemnity/Declaration

Type of Account Current Account Savings Account

Sole Proprietorship

I, the undersigned, am the sole proprietor of the Firm and am solely responsible for liabilities thereof. I shall advise the Bank in writing of any change that may take place with regard to my Firm and I will be solely liable to you for any obligations of the Firm appearing in your books.

Partnership

We the undersigned are the present Partners in the Firm of *(name of the firm)* _____ having its head office at _____ and branches at _____ carrying on the business of _____. Each of the undersigned is authorised to sign on behalf of the Firm in the manner appearing below and has full unrestricted authority to bind the Firm, and is jointly and severally liable for all the liabilities thereof.

HUF Account

The business of *(state nature of business)* _____ carried on in the Firm name and style of _____ at _____ is the ancestral business of the Hindu Undivided Family governed by the Hindu Law of which I, the undersigned No. (1), am the present Karta and Managing Member and we, the undersigned Nos. () to (), are the present adult members.

We are desirous of opening a Current/Savings Account with The Hongkong and Shanghai Banking Corporation Limited _____ branch.

The following members

1. _____ 2. _____
(Karta and Managing Member)
3. _____ 4. _____

are authorised to operate the said account and to represent and sign on behalf of the said joint family business in relation to dealings and transactions with the Bank in connection with the account so to be opened, in the manner as appears below and have full unrestricted authority to bind all the members of the joint family however constituted from time to time.

(State the mode of operation-state 'either'/'both'/'any'/'any two'/any other specific mode as may be desired).

Any variation to the aforesaid shall be in writing and signed by all signatories hereto.

The names and dates of birth of the present minor members of the aforesaid joint family are as follows:

Name 1. _____ 2. _____ 3. _____
_____ **Date of Birth** _____ **Date of Birth** _____ **Date of Birth**

SECTION III

Add on services

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

A. Business PhoneBanking

I/We wish to avail of Business PhoneBanking facilities for and on behalf of the Firm/HUF on our Current Account(s) and I/we are jointly and severally responsible. Therefore:

The Bank is requested to hand over related PhoneBanking Number(s) and PIN(s) to the sole proprietor/all the Partners/Karta/Power of Attorney Holders [called 'delegate(s)'] except minors for enquiry and for transactions with authorisations as per the following matrix: (The related Power of Attorney document needs to be attached, if any).

Note: In case of HUFs, only the Karta can be authorised by the HUF as a delegate.

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

* Only if the account holder has an existing Term Deposit with the Bank. ** Per day limit which includes making of cashier orders and demand drafts is INR 50,000.

For Pre-designated payments (per day limit of INR 250,000), 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 name

1. _____ 2. _____

Drawee Bank details

1. _____ 2. _____

Maximum amount per day

1. _____ 2. _____

Name of delegate(s)

1. _____ 2. _____

Business PhoneBanking Delegate Details*

*Sole Proprietorships can authorise only one delegate.

Delegate 1

Name: _____
 First Name *Middle name* *Last name*

Correspondence Address: _____

Tel.: _____
Mobile/Pager: _____
Fax: _____
PAN No.: _____
E-mail: _____

Photograph of
the Delegate

Delegate Signature: _____

Delegate 2

Name: _____
 First Name *Middle name* *Last name*

Correspondence Address: _____

Tel.: _____
Mobile/Pager: _____
Fax: _____
PAN No.: _____
E-mail: _____

Photograph of
the Delegate

Delegate Signature: _____

Delegate 3

Name: _____
 First Name *Middle name* *Last name*

Correspondence Address: _____

Tel.: _____
Mobile/Pager: _____
Fax: _____
PAN No.: _____
E-mail: _____

Photograph of
the Delegate

Delegate Signature: _____

Delegate 4

Name: _____
 First Name *Middle name* *Last name*

Correspondence Address: _____

Tel.: _____
Mobile/Pager: _____
Fax: _____
PAN No.: _____
E-mail: _____

Photograph of
the Delegate

Delegate Signature: _____

B. PLACEMENT OF DEPOSIT Term Cluster Ordinary Cumulative

Opening Payment Rs. _____ by cash/cheque/debit to A/c No. _____

No. of deposits _____ for Rs. _____ each for _____ days/months/years.

C. NO BOUNCE CHEQUE PROTECTION

I/We wish to avail of the 'No Bounce Cheque Protection Facility' exclusively available to BusinessVantage customers.

I/We hereby authorise the Bank to honour all cheque(s) drawn on my/our account number _____ up to a maximum overdraft (aggregate) debit limit of Rs. 100,000, even though the funds available in this account may be insufficient.

I/We shall arrange to fund the Current Account with the amount outstanding including the applicable interest amount, calculated at the Bank's applicable rate (currently PLR plus 3%, within 7 days of availing the facility).

I/We are bound by the Terms and Conditions of the service as outlined in the Account Rules and understand that the Bank may at its sole discretion, change, or modify the Terms and Conditions, the charge and/or cancel the facility extended to me/us.

D. AGREEMENT FOR SMART MONEY FACILITY

Whereas The Hongkong and Shanghai Banking Corporation Limited (hereinafter referred to as 'the Bank') has agreed to grant me/us a Smart Money fluctuating overdraft facility on my/our account on a temporary and stand-by basis to meet contingencies for an amount not exceeding 90% of the total amount in all Term Deposit Accounts with the Bank or such lesser sum and for so long as the Bank in its sole discretion may deem fit at an interest of:

- 2% over the deposit effective Interest Rate
- Bank's Prime Lending Rate

I/We agree and undertake to pay the interest rate as above or such other modified rates as specified by the Bank from time to time for overdrafts against Term Deposits for all amounts overdrawn within the overdraft limits authorised by the Bank.

At the time of signing this application, as and by the way of collateral security, I/we have paid over to the Bank Rs. _____ (Words) _____ with absolute authority to the Bank to open a Term Deposit account in the name of _____ and the amount(s) lying in the said Term Deposit account(s) shall be deemed pledged in favour of the Bank without the necessity of any concurrence on my/our part.

I/We agree that any Term Deposit Account opened in future in the same name and/or style shall also be deemed pledged in favour of the Bank without the necessity of any further concurrence on my/our part and the Bank is authorised to exercise the right of set-off and lien on all such Term Deposits with the Bank.

I/We authorise the Bank to automatically renew the deposit on the due date for an identical period unless instructions to the contrary from me/us are received by the Bank before maturity. I/We understand that the renewal will be in accordance with the Reserve Bank of India regulation/specification in force at the time of renewal.

E. 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. Note: 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: Rs. _____

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 (hereafter 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 order/bankers 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 individuals 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):

| |
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SECTION IV

Declaration

I/We confirm that the information given in this document is true and complete and that I/we have read, and accept the Terms and Conditions governing the account(s) and services I/we will use as outlined in the Account Rules and agree to be bound by such conditions.

Signature(s): Sole Proprietor

1. Name of the Proprietor _____ 2. Name of the Proprietor _____

Specimen Signatures (without rubber stamp)

Specimen Signatures (with rubber stamp)

Residential Address _____

Nomination required (please complete the nomination form) Yes No

Dated this _____ day of _____ 20 _____

Signature(s): Partners

Names of Partners

*Signatures
(without rubber stamp)*

*Signatures
(without rubber stamp)*

1. _____

2. _____

3. _____

4. _____

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

Specimen Signatures (with rubber stamp)

Specimen Signatures (with rubber stamp)

Specimen Signatures (with rubber stamp)

Dated this _____ day of _____ 20 _____

Signature(s): Karta & other managing members

Signatures of the Karta/Managing Member and all the adult members of the HUF (with rubber stamp) (Karta/Managing Member)

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

*Specimen Signatures of Karta
(with rubber stamp)*

*Specimen Signatures of Managing Member
(with rubber stamp)*

*Specimen Signatures of Managing Member
(with rubber stamp)*

Dated this _____ day of _____ 20 _____

SECTION V

Bank use only

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

Opened by Sales Team Walk-in SMA limit _____

Recommended by _____ Approved by _____

Market Sector

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|--|--|--|--|--|
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|--|--|--|--|--|

CB Classification Code

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Industry Code

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|--|--|--|--|--|
| | | | | |
|--|--|--|--|--|

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 |
|--------------------------|------------------------|-----------------------|------------|----------------|
| | | | | |