

To: The Manager
The Hongkong and Shanghai Banking Corporation Limited

Office _____

Date _____

STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON BALANCE

NOTE: Please where applicable.

New Standing Instruction *(Please complete all applicable boxes)*

Amendment of Existing Standing Instruction *(Please complete box numbers 1, 2, 3, 7 and 8 as well as those boxes you wish to amend)*

1. Primary Account Number	2. Account Name
3. Effective Date <i>(i.e. Date after which first transfer effected)</i>	4. Expiry Date <i>(Leave blank if you wish the instruction to continue until further notice)</i>
5. Priority <i>(If not specified, this Standing Instruction will be generated after all other Standing Instruction(s) based on balance)</i>	

Please complete either Option 1 or Option 2

6. Option 1 <i>(To maintain the Primary Account within a chosen balance range)</i>	
Low Balance Level _____	<i>When the credit balance (less holds) of the Primary Account mentioned above is LOWER than this level, the balance level will be reinstated with funds transferred from the Associate Account mentioned below.</i>
High Balance Level _____	<i>When the credit balance (less holds) of the Primary Account mentioned above is HIGHER than this level, the surplus amount will be transferred to the Associate Account mentioned below.</i>
Option 2 <i>(To transfer surplus funds from the Primary Account)</i>	
High Balance Level _____	<i>The Transfer Amount mentioned below will be transferred if the credit balance (less holds) of the Primary Account mentioned above is HIGHER than this level.</i>
Transfer Amount	
<input type="checkbox"/> a fixed sum of <i>(please specify Currency and Amount)</i> _____	(IT1)
or <input type="checkbox"/> the credit balance (less holds) of the Primary Account LESS a *retention amount of _____	(IT2)
*Amount must be in the same currency as the Primary Account stated in box 1 above	

7. Associate Account Number	8. Account Name
9. Is an advice of each transfer required by the Primary Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No	10. Is an advice of each transfer required by the Associate Account Holder? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Payment Narrative <i>(which will appear on each party's statement and/or advice respectively)</i>	
Primary Account Holder	
Associate Account Holder	

I/We understand that any charges levied (commission, postage and stamp duty) will be debited to my/our account (Primary Account) mentioned above. Furthermore, I/we confirm that if the Standing Instruction specified above is inactive for 12 consecutive months, the Bank has my/our permission to terminate the instruction under notification to me/us.

 Name(s) *(in Block Letters)*

 Signature(s)

 Contact Telephone Number

For Bank Use Only	
Signature Verified & Data Input by	Additional Information
Date:	Priority _____ S/I Number _____
Data Input Checked & Verified/Approved by	Commission _____
Date:	Postage _____
	Stamp Duty _____