

To: The Manager
The Hongkong and Shanghai Banking Corporation Limited

Office _____

Date _____

STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON DATE

NOTE: Please where applicable.

New Standing Instruction (Please complete all applicable boxes)

Amendment of Existing Standing Instruction (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
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. 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

7.	Transfer a fixed sum of (please specify Currency and Amount) _____		Option 1	Payment Methoded		Payment Currency (i.e. Currency you wish Beneficiary to receive if payment method is by Demand Draft or Telegraphic Transfer)
	<input type="checkbox"/> Internal Transfer	or <input type="checkbox"/> Demand Draft		<input type="checkbox"/> Cashier's Order	or <input type="checkbox"/> Telegraphic Transfer	
Option 2	Transfer (internally) the credit balance (less holds) of the above-mentioned account LESS *retention amount of _____ *Amount must be in the same currency as the Primary Account stated in box 1 above.					

8. Name & Address of Beneficiary's Bank (not required if payment method is by Cashier's Order or Demand 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

- I/We understand that if there are insufficient funds in my / our account on three consecutive occasions, the Bank may cancel this 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 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 & Prepared by	Additional Information		
	Instructions in Total	Cheque Type	ORM Charge Type
Date:	Priority	S/I Number	I/E Type
Data Input Checked & Approved by	Commission		I/E Cost Centre (Primary Party)
	Postage		I/E Cost Centre (Associate Party)
Date:	Stamp Duty		CBID Code
			S/I Number