

To: The Manager  
**The Hongkong and Shanghai Banking Corporation Limited**

Office \_\_\_\_\_ Date \_\_\_\_\_

**STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON TRANSACTION**

NOTE: Please  where applicable.

New Standing Instruction (Please complete all applicable boxes)

Amendment of Existing Standing Instruction (Please complete box numbers 1, 2, 3, 11 and 12 as well as those boxes you wish to amend)

<b>1. Primary Account Number</b> (to be debited) _____	<b>2. Account Name</b> _____
<b>3. Effective Date</b> (i.e. Date after which first transfer effected) _____	<b>4. Expiry Date or Total Number of Instructions</b> (Leave blank if you wish the instruction to continue until further notice) _____
<b>5. Transaction Type</b> (The type of deposit which should result in a transfer) <input type="checkbox"/> All Deposits (including Salaries) or <input type="checkbox"/> Salary Deposits only	<b>6. Maximum Number of Transfers in period stipulated</b> (in box 7) _____
<b>7. Period</b> (Daily, Weekly, Monthly, etc) _____	<b>8. Priority</b> (If not specified, this Standing Instruction will be generated after all other Standing Instruction(s) based on transaction) _____
<b>9. Transaction Amount</b> _____ <small>Subject to the maximum number of transfers in the period stipulated above not being exceeded, whenever a transaction of the type stipulated above and exceeding the amount stated here is credited to the above-mentioned account, the Transfer Amount mentioned below will automatically be transferred.</small>	
<b>10. Transfer Amount</b> <input type="checkbox"/> a fixed sum of (please specify Currency and Amount) _____ (IT1) or <input type="checkbox"/> the credit balance (less holds) LESS a *retention amount of _____ (IT2) or <input type="checkbox"/> the transaction amount LESS a *retention amount of _____ (IT3) <small>*Amount must be in the same currency as the Primary Account stated in box 1 above.</small>	
<b>11. Beneficiary's Account Number</b> _____	<b>12. Beneficiary's Name</b> _____
<b>13. Is an advice of each transfer required by the Primary Account Holder?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>14. Is an advice of each transfer required by the Associate Account Holder?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>15. Payment Narrative</b> (which will appear on each party's statement and/or advice respectively) 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 _____	<b>Additional Information</b>
Date: _____	Instructions in Total    _____                      S/I Number    _____
Data Input Checked & Verified/Approved by _____	Priority                      _____
Date: _____	Commission              _____
	Postage                    _____
	Stamp Duty                _____