

The Hongkong and Shanghai Banking Corporation Limited, Macau Branch

Office _____

Date _____

STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON BALANCE

IMPORTANT NOTE: 1. Debit account currency must be the same as the payment currency.
2. Your account will be debited on the working day before your designated transaction value day (applicable to payments to non-HSBC Macau accounts).

Note: Please tick where applicable.

- New Standing Instruction (Please complete all applicable boxes)
- Amendment of Existing Standing Instruction (Please complete box numbers 1, 2, 3, 6, 8 and 9 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 after which first transfer can be effected)	4. Last Payment Date (Leave blank if you wish the instruction to continue until further notice)
5. Priority (If not specified, this standing instruction will be generated after all other standing instruction(s) based on balance)	
6. Include O/D Facility <input type="checkbox"/> Yes <input type="checkbox"/> No	

P3

Please complete either Option 1 or Option 2

7. Option 1 (To maintain the Primary Account within a chosen balance range)	
Low Balance Level _____	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.
High Balance Level _____	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.
Option 2 (To transfer surplus funds from the Primary Account)	
High Balance Level _____	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.
Transfer Amount	
<input type="checkbox"/> a fixed sum of (please specify Currency and Amount) _____	
or <input type="checkbox"/> the credit balance (less holds) of the Primary Account LESS a *retention amount of _____	
* Amount must be in the same currency as the Primary Account stated in box 1 above.	

(IT4)

(IT1)

(IT2)

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

Declarations

1. I/We understand that any charges levied (commission, postage and stamp duty) will be debited to my/our account (Primary Account) mentioned above.
2. I/We confirm that if the instruction specified above is inactive for a period to be advised by the Bank, the Bank has my/our permission to terminate the instruction under notification to me/us.
3. I/We understand that the Bank accepts no responsibility, to the fullest extent permitted by applicable law, for any loss or delay which may occur in the transfer, transmission and/or application of funds and I/we agree to indemnify the Bank against any actions, proceedings, claims or demands that may arise in connection with such loss or delay.

Name(s) (in **Block Letters**)

Signature(s)

Contact Telephone Number

For Bank Use Only	
Signature Verified and Prepared by	Additional Information
Date:	Priority <input style="width: 50px; border: none; border-bottom: 1px solid black;" type="text"/> S/I Number <input style="width: 50px; border: none; border-bottom: 1px solid black;" type="text"/>
Data Input Checked and Authorised by	Commission <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
Date:	Postage <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>
	Stamp Duty <input style="width: 100%; border: none; border-bottom: 1px solid black;" type="text"/>

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