To: The Manager
The Hongkong and Shanghai Banking Corporation Limited

_____ Office Date _____

STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON DATE

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, 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. Last Payment 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]*

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Please complete either Option 1 or Option 2

7.	Transfer a fixed sum of *(please specify Currency and Amount)* _____	(IT1)
Option 1	**Payment Method** ☐ Internal Transfer or ☐ Demand Draft or ☐ Cashier's Order or ☐ Telegraphic Transfer **Payment Currency** *(i.e. Currency you wish Beneficiary to receive if payment method is by Cashier's Order or Demand Draft or Telegraphic Transfer)*	
	Auto Debit Accounts *(optional - if allows auto transfer of funds from 2 other accounts to make up the payment account)* **Auto Debit Account No.1:** **Auto Debit Account No. 2:**	
Option 2	Transfer *(internally)* the credit balance *(less holds)* of the abovementioned account LESS *retention amount of _____ * *Amount must be in the same currency as the Primary Account stated in box 1 above.* **Include O/D Facility** ☐ Yes ☐ No	(IT2)

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

Declarations

1. I/We understand that if there are insufficient funds in my/our account (Autopay Out only) on a pre-specified number of occasions as advised by the bank, the bank may cancel my/our instruction with prior advice to me/us.
2. I/We understand that a charge may be levied, at the Bank's discretion, on each instruction payment rejected due to lack of funds.
3. I/We understand that any charges levied (including commission, postage and stamp duty) may be debited to my/our account mentioned above.
4. 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 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 and Prepared by	**Additional Information**		
Date:	Instructions in Total	ORM Charge Type	
	Priority	I/E Cost Centre *(Primary Party)*	
Data Input Checked and Authorised by	Commission	I/E Cost Centre *(Associate Party)*	
	Postage	CBID Code	
Date:	Stamp Duty	S/I Number	

HUB010R3(6) (301115)

Member HSBC *Group*

致：經理
香港上海滙豐銀行有限公司

_____ 分行　　日期 _____

以日期為準的常行指示*（款項轉賬）*

重要提示： 1. 扣款帳戶的貨幣必須和付款貨幣相同
2. 付款金額將於您指定付款日期的前一個工作天扣除 *（適用於非澳門滙豐受款人戶口）*

注意：請在適合地方加 ☑ 號

☐ 新常行指示 *（請填寫所有適當的方格）*

☐ 修改原來的常行指示 *（請填寫方格1, 2, 3, 9, 10號及其他欲修改的方格）*

1. 基本戶口號碼	**2. 戶口名稱**
3. 生效日期 *（即首次轉賬日期，繼後的付款按閣下於右列方格內指明的期間的同一日或臨近之日支付。）*	**4. 期間** *（按日，按星期，按月等）*
5. 最後付款日期或指示總數 *（如欲本指示持續至另有通知為止者，請將此格留空）*	**6. 優先次序** *（如無註明，本常行指示將繼其他所有以同一日期為準的常行指示後生效。）*

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請填寫選擇一或選擇二

7.	請將以下固定款項轉賬 *（請註明貨幣或金額）* _____	(IT1)
選擇一	**付款方式** ☐ 內部轉賬　☐ 即期匯票 ☐ 本票　☐ 電匯	**付款貨幣** *（如以本票或即期匯票付款，閣下欲受款人收取的貨幣）*
	自動扣賬戶口號碼： *（如可從在其他戶口轉賬用來支付戶口數額）* **自動扣賬戶口號碼1：**	**自動扣賬戶口號碼2：**
選擇二	將上述戶口的結餘 *（減保留）* 減 _____ 保留金額*後作內部轉賬 _____ * *款項必須與方格一所述基本戶口的貨幣相同。* **包括透支** ☐ 是　☐ 否	(IT2)

8. 受款人的銀行名稱及地址 *（如付款以本票或即期匯票直接送交受款人，毋須填寫此欄）*	
9. 受款人戶口號碼 *（如付款以本票或即期匯票或電匯支付，可選擇填寫與否）*	**10. 受款人姓名** *（如付款以內部轉賬支付，則毋須填寫此欄）*
11. 受款人地址 *（如付款以內部轉賬支付，則毋須填寫此欄）*	
12. 基本戶口持有人是否要求每次轉賬均有通知書? ☐ 是　☐ 否	**13.** 受款人是否要求每次轉賬均有通知書? ☐ 是　☐ 否
14. 付款摘要 *（將分別列印於各方的結單及/或通知書上）* 基本戶口持有人 受款人	

聲明

1. 本人（等）明白本人（等）的戶口如在指定次數內未備有足夠款項，貴行可在事先通知本人（等）的情況下撤銷本指示（只限於自動轉賬付款指示）。
2. 本人（等）明白對於因款不足被退回的指示付款，貴行有權每次收取費用。
3. 本人（等）明白貴行所收費用（包括佣金、郵費及印花稅）可於本人（等）的上述戶口支取。
4. 本人（等）明白，如在資金轉賬、傳送及/或應用的過程中出現任何遺失或延誤的情況，或任何信息（就電匯匯款而言）於傳遞過程中出現任何錯誤、遺漏或破損或於接收時產生誤解，貴行在適用法律許可的範圍內均毋須負上責任；本人（等）並同意就該遺失、延誤、錯誤、遺漏、破損或誤解所致的任何訴訟、法律程序、申索及/或要求賠償貴行的損失。

_____
姓名 *（請用**正楷**）*

_____
簽署

_____
聯絡電話號碼

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Signature Verified and Prepared by Date:	**Additional Information** Instructions in Total Priority Commission Postage Stamp Duty ORM Charge Type I/E Cost Centre *(Primary Party)* I/E Cost Centre *(Associate Party)* CBID Code S/I Number
Data Input Checked and Authorised by Date:	

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滙豐集團成員