

Date:

The Hongkong and Shanghai Banking Corporation Limited, Macau Branch

	Office	Date
STANDING INSTRUCTION (TRANSFER OF F	UNDS) BASE	D ON BALANCE
IMPORTANT NOTE: 1. Debit account currency must be the same as 2. Your account will be debited on the working d Note: Please tick ☑ where applicable.		cy. Inated transaction value day (applicable to payments to non-HSBC Macau accounts).
Note: Please tick is where applicable. New Standing Instruction (Please complete all applicable)	ole boxes)	
	•	bers 1, 2, 3, 6, 8 and 9 as well as those boxes you wish to amend)
Primary Account Number (to be debited)	Simplete box manii	2. Account Name
3. Effective Date (i.e. Date after which first transfer can be effected)		Last Payment Date (Leave blank if you wish the instruction to continue until further notice)
Priority [If not specified, this standing instruction will be generated after a	all other standing instruc	
6. Include O/D Facility Yes No		
Please complete either Option 1 or Option 2		
7. Option 1 (To maintain the Primary Account within a chosen ball	ance 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)		
option 2 (10 dancer carpiae rando nom are 1 minary 1 locality		The Transfer Amount mentioned below will be transferred if the credit
High Balance Level		balance (less holds) of the Primary Account mentioned above is HIGHER than this level.
Transfer Amount		THOTELY didn't do love.
a fixed sum of (please specify Currency and Amount)		
or the credit balance (less holds) of the Primary Account LE * Amount must be in the same currency as the Primary Account		ount ofove.
8. Associate Account Number	9	9. Account Name
10. Is an advice of each transfer required by the Primary Account Holder?	1	11. Is an advice of each transfer required by the Associate Account Holder?
☐Yes ☐No		☐ Yes ☐ No
12. Payment Narrative (which will appear on each party's statement and/or a	advice respectively)	
12.1 ayment Natiative (winori will appear on each party 3 statement and/or e		count Holder
	Associate	e Account Holder
Declarations		
	b be advised by the Ban nt permitted by applicab	nk, the Bank has my/our permission to terminate the instruction under notification to me/us. ble law, for any loss or delay which may occur in the transfer, transmission and/or application of
		Name(s) (in Block Letters)
Signature(s)		Contact Telephone Number
For Bank Use Only		
Signature Verified and Prepared by	Additional	Information
• • • • • • • • • • • • • • • • • • •	Priority	S/I Number
Date:	Commission	n [
Data Input Checked and Authorised by	Postage	
	Stamp Duty	y <u> </u>



香港上海滙豐銀行有限公司(澳門分行) __ 分行 日期_ 以結餘為準的常行指示 (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, 6, 8, 9 號及其他欲修改的方格) 2. 戶口名稱 В3 3. 生效日期 (即自該日起可進行首次轉賬) 4. 最後付款日期 (如欲本指示持續至另有通知為止者 請將此格留空) 5. 優先次序 (如無註明,本常行指示將繼其他所有以結餘為準的常行指示後生效) □是 □否 6. 包括透支 請填寫選擇一或選擇二 7. 選擇一(指定基本戶口的結餘水平) 上述基本戶口的結餘 (扣除保留的金額) 如低於此水平, 將 低結餘水平_ 從下述的聯繫戶口內轉撥款項,使結餘水平回復正常。 上述基本戶口的結餘 (扣除保留的金額) 如高於此水平, (IT4) 剩餘款項將轉撥下述的聯繫戶口。 高結餘水平 選擇二 (將基本戶口的剩餘款項轉賬) 上述基本戶口的結餘 (扣除保留的金額) 如高於此水平, 下述的轉賬金額將予轉賬。 高結餘水平_ 轉賬金額 □固定款項 (請註明貨幣及金額)_ (IT1) 或 □基本戶口的結餘 (扣除保留的金額) 扣除 保留金額* (IT2) * 款項所用貨幣必須與方格一所述基本戶口的貨幣相同。 8. 聯繫戶口號碼 9. 戶口名稱 10. 基本戶口持有人是否要求每次轉賬均有通知書? 11. 聯繫戶口持有人是否要求每次轉賬均有通知書? □是 □否 一是 12. 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 1 | 1 | 1 聯繫戶口持有人 聲明

1. 本人(等)明白一切費用(佣金、郵費及印花稅)將於本人(等)的上述戶口支取。

- 2. 本人(等)證實如上述常行指示連續 12 個月停用,貴行獲准在通知本人(等)的情況下終止本指示。
- 3. 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,責行在適用法律許可的範圍內均毋須負上責任;本人(等)並同意就該等遺失、延誤、錯誤、遺漏、破損或誤解所引致的任何訴訟、法律程序、申索及/或要求賠償責行的損失。

姓名 <i>(請用正楷)</i>		

For Bank Use Only					
Signature Verified and Prepared by	Additional Information				
	Priority		S/I Number		
Date:	Commission				
Data Input Checked and Authorised by	Postage				
Date:	Stamp Duty				

HUB010/2R3(6)