

- New standing instruction (Please complete all applicable boxes)
- Amendment of existing or standing instruction (Please complete box numbers 1,2,3,9 and 10 as well as those boxes you wish to amend)
- Delete existing standing instruction

Account information

<p>1. Primary account number (to be debited)</p> <input style="width: 100%;" type="text"/> <p>2. Account name</p> <input style="width: 100%;" type="text"/> <p>3. Commencement date</p> <input style="width: 100%;" type="text"/>	<p>4. Frequency (Do not use for credit cards)</p> <input style="width: 100%;" type="text"/> <p>5. Expiry date or total number of instructions</p> <input style="width: 100%;" type="text"/> <p>6. Priority</p> <input style="width: 100%;" type="text"/>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Transfer information

7. Please complete either Option 1 or Option 2

Option 1

Transfer a fixed sum of:

Currency & Amount	Amount in words
-------------------	-----------------

Payment method Payment currency

Demand draft
 Internal transfer
 Cashier's order
 Telegraphic transfer
 Electronic local bank transfer

Auto debit account no. 1 Auto debit account no. 2

Option 2

Transfer (internally) the credit balance (less holds) of the above mentioned account less retention amount of

	Amount in words
--	-----------------

Option 3 (Credit Card)

Settle minimum balance
 Settle full statement balance

Card Type

HSBC Premier
 Gold
 Classic (frequency 5th or 15th monthly)
 BermudaCard (frequency 27th monthly only)

Visa Business (15th of each month)

Beneficiary information

<p>8. Name and address of beneficiary's bank</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>9. Beneficiary's account no. (or credit card number)</p> <input style="width: 100%;" type="text"/> <p>10. Beneficiary's name(s)</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/>	<p>11. Beneficiary's address</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>12. Payment narrative</p> <input style="width: 100%; height: 40px;" type="text"/> <input style="width: 100%; height: 40px;" type="text"/>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Declarations & Signatures

1. I/We understand that if there are insufficient funds in my/our account on three consecutive payment occasions, the Bank may cancel my/our instruction without 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 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.
5. I/We understand that where the payment date falls on a holiday or a weekend, my/our account will be debited on the business day prior to the payment date.
6. I/We hereby confirm that I/we have read and agree to be bound by all applicable HSBC Bank Bermuda Limited terms and conditions and any changes that may occur from time to time.

<p>Customer signature</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Name(s) (in block capitals)</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Contact telephone number Date of signature (dd/mm/yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/>	<p>Customer service representative signature</p> <input style="width: 100%; height: 20px;" type="text"/> <p>Name(s) (in block capitals)</p> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <p>Contact telephone number Date of signature (dd/mm/yyyy)</p> <input style="width: 100%; height: 20px;" type="text"/>
---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

FOR BANK USE ONLY

Verified and prepared by		Data input checked and authorised by	
Signature	Signature		
Date	Date	Time	<input type="checkbox"/> Completed <input type="checkbox"/> Created <input type="checkbox"/> Modified <input type="checkbox"/> Deleted



Field Explanations

1. **Account Name** – Name on the primary account.
2. **Beneficiary's Account Number** – Required for Telegraphic Transfer, Internal Transfer, Electronic Local Bank Transfer or HSBC Bank Bermuda Limited credit cards. Optional if payment method is by Cashier's Order or Demand Draft.
3. **Beneficiary's Name(s)** – Name of the beneficiary.
4. **Beneficiary's Address** – Optional if payment method is by Internal Transfer.
5. **Commencement Date** – Subsequent payments will be made on the same day of each period. If the commencement date falls on a weekend or a holiday the account will be debited on the previous business day.
6. **Expiry Date or Total Number of Instructions** – Leave blank if you wish the instruction to continue until further notice.
7. **Frequency** – Daily, Weekly, Bi-weekly, Bi-Monthly, Monthly, Monthly on Month End, Quarterly, Half-Yearly or Yearly.
8. **Name and Address of Beneficiary Bank** – Required for Telegraphic Transfer, Internal transfer and Electronic Local Bank Transfer. Optional if payment method is by Cashier's Order or Demand Draft.
9. **Option 1**

Transfer a fixed sum – Specify currency and amount to be transferred from the account.

Payment Method – Choose a payment method for the instruction.

Payment Currency – Currency you wish the Beneficiary to receive if payment is by Cashier's Order, Demand Draft or Telegraphic Transfer.

Auto Debit Accounts – Optional, it allows auto transfer of funds from two other accounts to make up the payment account. You may specify up to two additional accounts to make up the payment amount.
10. **Option 2**

Transfer the credit balance of the abovementioned account less retention amount of – Specify the amount to retain within the account at each payment date. The payment will be based on the current credit balance of the account less holds and less the retention amount. This amount must be in the same currency as the Primary Account stated in box 1.
10. **Payment Narrative** – To appear on each party's statement and / or advice respectively.
11. **Primary Account Number** – Account to be debited.
12. **Priority** – If not specified, this standing instruction will be generated after all other standing instructions based on the same date.