

To: The Manager
HSBC Bank Middle East

Office _____

Date _____

STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON DATE

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. Expiry 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 all other standing instruction(s) based on the same date)

Please complete either Option 1 or Option 2

Option 1	7. Payment Amount Transfer a fixed sum of (please specify Currency and Amount):	(IT1)			
	<table border="0"> <tr> <td>Payment Method</td> <td>Payment Currency (i.e. Currency you wish Beneficiary to receive if payment method is by Cashier's order or Demand Draft or Telegraphic Transfer)</td> </tr> <tr> <td> <input type="checkbox"/> Internal Transfer or <input type="checkbox"/> Demand Draft <input type="checkbox"/> Cashiers Order or <input type="checkbox"/> Telegraphic Transfer </td> <td></td> </tr> </table>	Payment Method	Payment Currency (i.e. Currency you wish Beneficiary to receive if payment method is by Cashier's order or Demand Draft or Telegraphic Transfer)	<input type="checkbox"/> Internal Transfer or <input type="checkbox"/> Demand Draft <input type="checkbox"/> Cashiers Order or <input type="checkbox"/> Telegraphic Transfer	
Payment Method	Payment Currency (i.e. Currency you wish Beneficiary to receive if payment method is by Cashier's order or Demand Draft or Telegraphic Transfer)				
<input type="checkbox"/> Internal Transfer or <input type="checkbox"/> Demand Draft <input type="checkbox"/> Cashiers Order or <input type="checkbox"/> 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 hold) of the above mentioned 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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 / IBAN (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? <input type="checkbox"/> Yes <input type="checkbox"/> No	13. Is an advice of each transfer required by the Beneficiary? <input type="checkbox"/> Yes <input type="checkbox"/> No
14. Purpose of Payment: (Applicable codes in the following page)	
15. Payment Narrative (Which will appear on each party's statement and/ or advice respectively)	
Primary Account Holder	
Beneficiary	

Declarations

- I/ We understand that 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.
- I/ We understand that a charge may be levied, at the Bank's discretion, on each instruction payment rejected due to lack of funds.
- I/ We understand that any charges levied "(including commission, postage and stamp duty) may be debited to my/ our account mentioned above.
- I/ We understand that the Bank accepts no responsibility for any loss or delay which may occur in the transfer, transmission of any message or for its misinterpretation when received and I/ we agree to indemnify the Bank against any actions, proceeding, claims and/ or demands that may arise in connection with such loss, delay, error, omission, mutilation or misinterpretation.

Name(s) (in Block Letters)

Signatures(s)

Contact Telephone Number

For Bank Use Only	
Signature Verified and Prepared by	Additional Information
Date:	Instruction in Total _____
Data Input Check and Authorised by	Priority _____
	Commission _____
	Postage _____
	ORM Charge Type <input type="checkbox"/>
	I/E Cost Centre (Primary Party) _____
	I/E Cost Centre (Associate Party) _____
	CBID Code _____

Detail of Purpose of Payment Codes & description

Code	Description
000	System operations
001	Ordinary transfer
002-019	Reserved
020	Fee payment
021	Salary payment
022	Generic bill payment
023	Top-up of pre-paid account
024	Transfer from Prepaid Account to Bank Account
025	Credit card settlement
026	Pension
027	Dividends
028	Interest received
029	Loan Installment
030	Rental
031	Charity payments