

## STANDING INSTRUCTIONS (SI) FORM

Date : \_\_\_\_\_

**Note:**

1. Please complete form in **BLOCK** letters and tick where applicable.
2. Demand Drafts/Cashier's Orders will be dispatched directly to the beneficiary bank.

I/We wish to apply for	<input type="checkbox"/> New SI	<input type="checkbox"/> Amendment / SI no. _____	<input type="checkbox"/> Cancellation/SI no. _____
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Mode of Payment	<input type="checkbox"/> Telex Transfer	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Cashier's Order	<input type="checkbox"/> Internet Transfer
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**REMITTER'S ACCOUNT DETAILS**

Debit Account Number _____ - _____ - _____	Account Name
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**REMITTANCE DETAILS** (please tick only one box)

Remittance Currency	<input type="checkbox"/> UAE Dirham	<input type="checkbox"/> US Dollar	<input type="checkbox"/> Pound Sterling	<input type="checkbox"/> Euro	<input type="checkbox"/> Indian Rupee	<input type="checkbox"/> Other _____
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Amount in figures <i>(Please specify currency)</i>	<input type="checkbox"/> Remittance currency OR <input type="checkbox"/> Other Currency _____ : _____
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Amount in words	_____
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Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Every 2 Months <input type="checkbox"/> Quarterly <input type="checkbox"/> Half-yearly <input type="checkbox"/> Yearly
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Effective Date	First Payment Date _____	Regular Payment Date _____
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SI Expiry	<input type="checkbox"/> Total number of payments _____ OR <input type="checkbox"/> Until further notice
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Limits <i>(minimum/Maximum A/C Balance)</i>	Higher Limit _____ - _____ - _____ Lower Limit _____ - _____ - _____
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Charges <i>(only for TT's)</i>	Sending bank	<input type="checkbox"/> Charge my account	<input type="checkbox"/> Charge from remittance amount
	Other bank	<input type="checkbox"/> Charge my account	<input type="checkbox"/> Charge from remittance amount

**BENEFICIARY DETAILS**

Name :	_____
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Account Number:	_____
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Bank:	_____
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Branch:	_____	City: _____
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State/Country/Province:	_____	Country: _____
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Bank Code*:	_____ (*SWIFT/Sort Code/Fedwire ID/CHIPS UID/etc.)
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Beneficiary address <i>(Personal or Business)</i>	_____
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Payment details:	_____
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Other Instructions to Bank	_____
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**REMITTER'S DETAILS**

Contact Numbers:	Mobile: _____	Office/Residence: _____	E-mail: _____
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I/We agree to the Terms & Conditions given at the back <b>Customer Signature:</b> _____	S.V.	<b>Bank Staff Name &amp; Signature</b>
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**BANK USE ONLY**

SI TYPE (BSI, DSI, TSI)	CHARGE CODE	CHARGE TYPE	To Bank	Benf. Bank	Maker	Authorised Signature
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Save time and money by transacting through our Electronic Banking Channels.  
 For more details, please call 800 HSBC (800 4722) or your Relationship Managers.

## *Terms & Conditions*

The Terms & Conditions set forth herewith govern standing instructions and are in addition to any other agreements, account documentation and the Bank's General Terms and Conditions for the operation of the accounts.

1. I/We understand that a charge (as stated in the Schedule of Services and Tariffs) will be debited from my/our account for each of the above arrangements; and for each payment requiring manual handling, a transaction charge will also be debited from my/our account. A charge will be levied for any new standing order and for each subsequent amendment.
2. I/We understand that I/we should maintain sufficient funds in the account one day before the payment date for the above arrangement and that a charge may be levied, at the Bank's discretion, on each standing instruction payment returned due to insufficient funds, and that the Bank may cancel the above instruction without advice to me/us if the payment has been returned thrice consecutively due to insufficient funds on my/our account.
3. I/we understand that the Bank will not be liable for any delay or failure to carry the standing instruction where such delay or failure is attributable (whether directly or indirectly) to any cause beyond the Bank's control including any equipment malfunction or failure and under no circumstances shall the Bank be responsible to me/us for any consequential or indirect losses arising out of or in connection with the carrying out or otherwise of my/our instruction.
4. I/We understand that if the payment date falls on a bank holiday, the standing instruction will be in effected on the last working day, before the holiday.
5. I/We understand that the standing order shall remain in full force and effect until advised in writing by I/Me that no further payment is required.
6. I/We understand that any amendments or cancellations of this standing order by Me/Us should be in writing and reach the bank at least one week before the next successive payment in due.
7. I/We understand that neither the Bank, nor its Branches, Correspondents, or Agents are responsible for any loss, delay, error, or omission arising out of any mode of communication used for effecting those payments.
8. I/We understand that the bank will not be liable for any hold or delay in my/our payments if the Bank at any time subsequently, is of the opinion that the information is incomplete or insufficient or does not met any act of a regulatory authority/Government.
9. I/We understand that that a charge will be made for enquiries received in respect of any standing order payments where the bank is not at fault, e.g. refunds, cancellations, amendments, duplicate advices, fate of funds, copies of cleared payments, etc (a charge will be made per payment instruction).