

STANDING INSTRUCTIONS (SI) FORM

 Date: 26.05.2004
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 checked="" 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 checked="" type="checkbox"/> Internal Transfer
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REMITTER'S ACCOUNT DETAILS	
Debit Account Number <u>0 2 0 - 7 7 7 4 3 2 - 0 0 1</u>	Account Name SABRINE PITT

REMITTANCE DETAILS (please tick only one box)	
Remittance Currency	<input checked="" 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 _____

Amount in figures <i>(Please specify currency)</i>	<input checked="" type="checkbox"/> Remittance currency OR <input type="checkbox"/> Other currency _____ <u> - - - , - - - , - - 5 , 0 0 0 . 0 0</u>
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Amount in words	AED FIVE THOUSAND ONLY
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Frequency	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input checked="" 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 <u>01.06.2004</u> Regular Payment Date <u>25TH OF EACH MONTH</u>
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SI expiry	<input type="checkbox"/> Total number of payments _____ OR <input checked="" 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:	MALITH ALFREDO
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Account Number:	002 589777 34
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Bank:	HSBC
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Branch:	BUR DUBAI	City:	DUBAI
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State/County/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:	POLICY - MSN 25386
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Other Instructions to Bank	
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REMITTER'S DETAILS

Contact Numbers:	Mobile: 050-5276350	Office/Residence: 04-3535000	E-mail: malith@hotmail.com
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I/We agree to the Terms & Conditions given at the back Customer Signature:	S.V.	Bank Staff Name & Signature
		

BANK USE ONLY

SI TYPE (BSI, DSI, TSI)	CHARGE CODE	CHARGE TYPE	To Bank	Benf. Bank	Maker	Authorised Signature

Save time and money by transacting through our Electronic Banking Channels.
 For more details, please call 800 HSBC (800 4722) or your Relationship Managers.

STANDING INSTRUCTIONS (SI) FORM

 Date: 08.06.2004
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 New SI Amendment/SI no. 01 Cancellation/SI no. _____

 Mode of Payment Telex Transfer Demand Draft Cashier's Order Internal Transfer

REMITTER'S ACCOUNT DETAILS

 Debit Account Number 0 2 0 - 7 7 7 4 3 2 - 0 0 1 Account Name SABRINE PITT
REMITTANCE DETAILS (please tick only one box)

 Remittance Currency UAE Dirham US Dollar Pound Sterling Euro Indian Rupee Other _____

 Amount in figures (Please specify currency) Remittance currency OR Other currency _____ - - - , - - - , - 1 0 , 0 0 0 . 0 0

 Amount in words AED TEN THOUSAND ONLY

 Frequency Daily Weekly Fortnightly Monthly Every 2 Months Quarterly Half-yearly Yearly

Effective Date First Payment Date _____ Regular Payment Date _____

 SI expiry Total number of payments _____ OR Until further notice

Limits (Minimum/Maximum A/C Balance) Higher Limit _____ Lower Limit _____

Charges (only for TT's)	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: _____

Account Number: _____

Bank: _____

Branch: _____ City: _____

State/County/Province: _____ Country: _____

Bank Code*: _____ (*SWIFT/Sort Code/Fedwire ID/CHIPS UID/etc.)

Beneficiary address (Personal or Business) _____

Payment details: _____

Other Instructions to Bank _____

REMITTER'S DETAILS

 Contact Numbers: Mobile: 050-5276350 Office/Residence: 04-3535000 E-mail: malith@hotmail.com

 I/We agree to the Terms & Conditions given at the back S.V. **Bank Staff Name & Signature**

 Customer Signature: 
BANK USE ONLY

SI TYPE (BSI, DSI, TSI)	CHARGE CODE	CHARGE TYPE	To Bank	Benf. Bank	Maker	Authorised Signature

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STANDING INSTRUCTIONS (SI) FORM

 Date: 15.06.2004
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 New SI Amendment/SI no. _____ Cancellation/SI no. 01

 Mode of Payment Telex Transfer Demand Draft Cashier's Order Internal Transfer

REMITTER'S ACCOUNT DETAILS

 Debit Account Number 0 2 0 - 7 7 7 4 3 2 - 0 0 1 Account Name **SABRINE PITT**
REMITTANCE DETAILS (please tick only one box)

 Remittance Currency UAE Dirham US Dollar Pound Sterling Euro Indian Rupee Other _____

 Amount in figures (Please specify currency) Remittance currency OR Other currency _____ , _____ , _____ , _____

Amount in words _____

 Frequency Daily Weekly Fortnightly Monthly Every 2 Months Quarterly Half-yearly Yearly

Effective Date First Payment Date _____ Regular Payment Date _____

 SI expiry Total number of payments _____ OR Until further notice

Limits (Minimum/Maximum A/C Balance) Higher Limit _____ Lower Limit _____

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: _____

Account Number: _____

Bank: _____

Branch: _____ City: _____

State/County/Province: _____ Country: _____

Bank Code*: _____ (*SWIFT/Sort Code/Fedwire ID/CHIPS UID/etc.)

Beneficiary address (Personal or Business) _____

Payment details: _____

Other Instructions to Bank _____

REMITTER'S DETAILS

 Contact Numbers: Mobile: 050-5276350 Office/Residence: 04-3535000 E-mail: malith@hotmail.com

I/We agree to the Terms & Conditions given at the back S.V. _____

Customer Signature: 	Bank Staff Name & Signature
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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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