

To : The Manager

The Hongkong and Shanghai Banking Corporation Limited

Office

Date

STANDING INSTRUCTION (TRANSFER OF FUNDS) BASED ON DATE

NOTE: Please [] 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 Numbers (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. Final Payment 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 after all other Standing Instruction(s) based on the same date)

Please complete either Option 1 or Option 2

7. Transfer a fixed sum of (Please specify Currency and Amount) Overseas Charges (For TTs Only) Option 1 Payment Method or Telegraphic Transfer Internal Transfer or Demand Draft or Cashier's Order or Interbank GIRO (Transfer will take two working days) Payment currency (i.e. Currency you wish beneficiary to receive if payment method is by Demand Draft or Telegraphic Transfer) Auto Debit Accounts (Optional - if allows auto transfer of funds from 2 other accounts to make up the payment account) Auto-Dr A/C 1 Auto-Dr A/C 2 Option 2 Transfer (internally) the credit balance (less holds) of the abovementioned 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 Yes No

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) Sort Code/Fed Wire (If applicable)

9. Beneficiary's account number (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 or IBG)

12. Is an advice of each transfer required by the Primary Account Holder? Yes No (Note: Not required for IBG) 13. Is an advice of each transfer required by the Beneficiary? Yes No (Note: Not required for IBG)

14. Payment Narrative (Which will appear on each party's statement and/or advice respectively) Primary Account Holder (For IBG, Associate Party Name) Beneficiary (For IBG, Primary Party Name)

I/We confirm that I/we have read the terms and conditions printed overleaf and agree to be bound by them.

Name(s) (in Block Letters)

Signature(s)

Telephone Number

For Bank Use only Signature Verified & Data Input by Date: Data Input Checked & Verified/ Approved by Date: Additional information Instructions in total Priority Commission Postage Stamp Duty ORM Charge Type I/E Cost Centre (Primary Party) I/E Cost Centre (Associate Party) CBID Code S/I Number

1. I/We understand that the Bank accepts the standing instructions upon the following conditions:-

- i) the Bank is not obliged to effect payment if my/our account does not have sufficient funds to meet it.**
- ii) the Bank will levy a one-time set-up charge or such other amount as the Bank may from time to time levy and handling commission for every standing instruction payment.**
- iii) the Bank will impose a charge if my/our standing instruction is rejected due to insufficient funds.**
- iv) the Bank may at its discretion cease to carry out this instruction without notice to me/us if there are insufficient funds in my/our account for three months.**
- v) on the date of effecting payment the Bank reserves the right to determine the priority of this payment order against cheques presented or any other existing arrangements made with the Bank.**
- vi) the Bank may cease to carry out this instruction at any time by notice in writing to me/us or without notice at any time after being advised by the beneficiary/beneficiaries that no further payment is required.**
- vii) any amendments and cancellations should reach the Bank at least three days before the next successive payment is due. The Bank will levy a charge or such other amount as the Bank may from time to time levy for each amendment or cancellation.**
- viii) this order will remain effective notwithstanding my/our death, bankruptcy, liquidation, winding-up, incapacity, or any change in the constitution of the applicant until actual notice is received by the Bank.**

2. I/We agree to absolve the Bank from any liability whatsoever in respect of any losses, damages and expenses that I/we may suffer or incur as a result of the Bank carrying out of the above instructions.