



Date:

To: HSBC Bank Malaysia Berhad / HSBC Amanah Malaysia Berhad

From: _____ (the Customer)

RE: Authorisation Of Representative to Operate Bank Account

I, the Customer, due to current health condition as per following:

(Please tick (√) whichever is applicable)

- Bed-Ridden (support with medical certificate)
- Hospitalised (support with medical certificate)
- Old age
- Others, please state: _____

which prevent me from attending to matters at the branch personally **DO HEREBY APPOINT AND AUTHORISE** the below named Authorised Person to have access to selected or all of my sole accounts in HSBC Bank Malaysia Berhad / HSBC Amanah Malaysia Berhad over the counter as follows:

(Please tick (√) whichever is applicable)

- Balance enquiry for Saving accounts, Current accounts and Time/Term Deposit/-i accounts;
- Time/Term Deposit/-i renewal;
- Time/Term Deposit/-i upliftment (direct credit into account owner's account only)
- Passbook updating;
- Fund transfer directly to the hospital/ clinic/ insurance or takaful /school or university or college (only for payment of medical bills, insurance/takaful and education with supporting documents);
- Fund transfer to own account within HSBC/ HSBC Amanah Malaysia only;
- Standing instruction for Fund transfer to Authorised person's account in HSBC at MYR _____ monthly (Maximum capped at total MYR3,000.00 per month); and
- Bank statement retrieval.

Authorised Person Full name:	
Authorised Person NRIC / Passport No.:	
Authorised Person Contact Number:	
HSBC Sole account(s) number:	

In acceding to my instructions herein, I hereby absolve HSBC of any liabilities that may arise out of my instruction herein

This authorisation is only valid for 6 months for the date of this letter.

Signed by Customer

Signed by Authorised person

.....
Customer Full Name:
NRIC:

.....
Authorised person's Full Name:
NRIC:

For Bank use only		
<input type="checkbox"/> OTC <input type="checkbox"/> Offsite (with biometric) <input type="checkbox"/> Offsite (without biometric) Offsite visited by: Name: Date & Time:	Attended by: Name: Date & Time: <input type="checkbox"/> Customer & Authorised person signature verified <input type="checkbox"/> Customer & Authorised person Mykad biometric / passport verified <input type="checkbox"/> Supporting documents collected Verification: <input type="checkbox"/> (i) physically able and mentally sound or <input type="checkbox"/> (ii) immobile but mentally sound Valid until: (Date)	Approved / Rejected by: Name: Date & Time: Reason(s):