





**FOR BTB AMENDMENT (CONT'D)**

**Outward Telegraphic Transfer (TT)**

**Delegate 1**  Add service  Cancel service  Change amount

Payee's Name \_\_\_\_\_

Payee's bank and address \_\_\_\_\_

Payee's Account No. \_\_\_\_\_ Currency \_\_\_\_\_

Payment details/Sort code (if any) \_\_\_\_\_ Max. amount per payment (RM equivalent) \_\_\_\_\_

Overseas charges for:  Beneficiary's account  Remitter's account RM \*

**Delegate 2**  Add service  Cancel service  Change amount

Payee's Name \_\_\_\_\_

Payee's bank and address \_\_\_\_\_

Payee's Account No. \_\_\_\_\_ Currency \_\_\_\_\_

Payment details/Sort code (if any) \_\_\_\_\_ Max. amount per payment (RM equivalent) \_\_\_\_\_

Overseas charges for:  Beneficiary's account  Remitter's account RM \*

**Bill Payment** (Please attach copies of relevant bills showing the names of the payee company, merchant or utility board and your account or bill reference number for our verification.)

**Delegate 1**  Add service  Cancel service  Change amount

Name of Company/ Merchant \_\_\_\_\_

Account/Bill reference No. \_\_\_\_\_ Max. amount per payment RM \*

**Delegate 2**  Add service  Cancel service  Change amount

Name of Company/ Merchant \_\_\_\_\_

Account/Bill reference No. \_\_\_\_\_ Max. amount per payment RM \*

**FOR BIB AMENDMENT** Please tick (✓) and complete the details where applicable

**Section A : Company Set up [for BIB]**

| E-statements (up to 15 prior months) are available for download. If you request for hardcopy statements, e-statements will be discontinued. Send hardcopy statements by post? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Do you wish to subscribe for the following services:  |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
|---|---|--|-----------------------------|---|-------------|---|-------------|--|-------------|---------------------------------------|-------------|---|-------------|---|--------------|
| Please automatically link all accounts to BIB <input type="checkbox"/> Yes <input type="checkbox"/> No <small>Note: By default, all future company accounts will be automatically linked unless stated otherwise.</small>   | AutoPay/Bulk Payment <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| Account/BIB User to be set up by <input type="checkbox"/> One Primary User <input type="checkbox"/> Two Primary Users <small>Note: By default, BIB services will be set by One Primary User unless stated otherwise</small>   | Internet Trade Service <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| Transactions to be approved by <input type="checkbox"/> One to approve <input type="checkbox"/> One or two within a signature group to approve <input type="checkbox"/> One or two within two signature groups to approve <small>Note: By default, all transactions will be set as "one to approve" unless stated otherwise</small> | <table border="1"> <thead> <tr> <th></th> <th>Company Maximum Daily Limit</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Transfer to pre-designated payee</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> Transfer to non-designated payee</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> Transfer to own account</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> Bill Payment</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> AutoPay/Bulk Payment</td> <td><u>RM</u> *</td> </tr> <tr> <td><input type="checkbox"/> All Transactions</td> <td><u>RM</u> **</td> </tr> </tbody> </table> |  | Company Maximum Daily Limit | <input type="checkbox"/> Transfer to pre-designated payee | <u>RM</u> * | <input type="checkbox"/> Transfer to non-designated payee | <u>RM</u> * | <input type="checkbox"/> Transfer to own account | <u>RM</u> * | <input type="checkbox"/> Bill Payment | <u>RM</u> * | <input type="checkbox"/> AutoPay/Bulk Payment | <u>RM</u> * | <input type="checkbox"/> All Transactions | <u>RM</u> ** |
|   | Company Maximum Daily Limit   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| <input type="checkbox"/> Transfer to pre-designated payee   | <u>RM</u> *   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| <input type="checkbox"/> Transfer to non-designated payee   | <u>RM</u> *   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| <input type="checkbox"/> Transfer to own account  | <u>RM</u> *   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| <input type="checkbox"/> Bill Payment   | <u>RM</u> *   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| <input type="checkbox"/> AutoPay/Bulk Payment   | <u>RM</u> *   |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |
| <input type="checkbox"/> All Transactions   | <u>RM</u> **  |  |                             |   |             |   |             |  |             |                                       |             |   |             |   |              |

**Section B : Password Matters**

The request under Section A must be signed by the User/Delegate

Please reset my password  My access to BIB service has been blocked (Please reset my access to BIB service)

BIB User ID/Username: \_\_\_\_\_

Full name in BLOCK LETTERS of User/Delegate:  Primary User  Secondary User

Signature of User/Delegate \_\_\_\_\_

**Section C : Security Device Matters**

Please send a replacement Security Device for the following reason:

- The Device has been misplaced/lost
- The battery is low
- The Device is broken
- On/Off button stuck
- The Device displays row of zeroes
- Other reason (please indicate): \_\_\_\_\_

BIB User ID/Username: \_\_\_\_\_

Full name in BLOCK LETTERS of User/Delegate:  Primary User  Secondary User

Please send a replacement Security Device for the following reason:

- The Device has been misplaced/lost
- The battery is low
- The Device is broken
- On/Off button stuck
- The Device displays row of zeroes
- Other reason (please indicate): \_\_\_\_\_

BIB User ID/Username: \_\_\_\_\_

Full name in BLOCK LETTERS of User/Delegate:  Primary User  Secondary User



**IMPORTANT NOTE**

Please cancel all unused portion(s) in this Form to prevent tampering/alteration.

**DECLARATION**

1. I/We wish to request for changes to the services indicated in this amendment request form ("Services") and hereby acknowledge that the use of the Services is subject to HSBC's Generic Terms & Conditions and Specific Terms & Conditions for Commercial Banking (available at www.hsbc.com.my). I/We have read and agree to be bound by the same (including all amendments thereto from time to time).
2. I/We confirm that the information given in this amendment request form is true, complete and not misleading, and authorise HSBC to confirm this from any source HSBC may choose. I/We will furnish such identification and/or supporting documents as may be required by HSBC.
3. I/We acknowledge that I/we remain bound by all transactions effected through the Services whether or not the named users of the Services are the account signatories.
4. I/We acknowledge that if HSBC's Specific Terms & Conditions for Commercial Banking allows for the named users of the Services to instruct HSBC on matters pertaining to their personal identifiers and/or password, then HSBC authorised to act on such instructions notwithstanding the named user is not an account signatory.
5. Reference to "HSBC" in this Form will be to the bank that the applicant selects at the beginning of this Form.

To be signed by:

**For Sole Proprietorship**

- the Sole Proprietor

**For Partnership**

- the Partner(s) authorised by the partnership resolution

**For Limited Company**

- the person(s) authorised by a Board resolution

**For Registered Club/Society/Association**

- the Office-Bearer(s) authorised by the governing body resolution

**For Embassy/Diplomatic Office**

- H.E. Ambassador/High Commissioner

**SIGNED FOR AND ON BEHALF OF THE CUSTOMER**

1. Full name in BLOCK LETTERS

2. Full name in BLOCK LETTERS

3. Full name in BLOCK LETTERS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

New IC No:

\_|\_|\_|\_|\_|\_|\_|\_| - |\_|\_| - |\_|\_|\_|\_|\_|\_|\_|\_|

New IC No:

\_|\_|\_|\_|\_|\_|\_|\_| - |\_|\_| - |\_|\_|\_|\_|\_|\_|\_|\_|

New IC No:

\_|\_|\_|\_|\_|\_|\_|\_| - |\_|\_| - |\_|\_|\_|\_|\_|\_|\_|\_|

*I confirm that I am duly authorised by the Customer to sign this Amendment Request Form for and on its behalf.*

*I confirm that I am duly authorised by the Customer to sign this Amendment Request Form for and on its behalf.*

*I confirm that I am duly authorised by the Customer to sign this Amendment Request Form for and on its behalf.*

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

\_\_\_\_\_

Signature

**FOR BANK USE ONLY**

Date Received:

|\_|\_| - |\_|\_| - |Y|Y|Y|Y|

Input By:

\_\_\_\_\_

Approved By:

\_\_\_\_\_

Date Input:

|\_|\_| - |\_|\_| - |Y|Y|Y|Y|

Date Approved :

|\_|\_| - |\_|\_| - |Y|Y|Y|Y|

HBS 134H

Aug 08