



Please (✓) to select  HSBC Bank Malaysia Berhad  HSBC Amanah Malaysia Berhad

**BUSINESS CONNECT APPLICATION FORM**

Please submit this completed form to your nearest HSBC branch

I/We wish to apply for:

Please tick (✓) the applicable service(s):	
<input type="checkbox"/> BSA	<b>Business SMS Alert</b>
<input type="checkbox"/> BTB	<b>Business TelephOne Banking</b>
<input type="checkbox"/> BIB	<b>Business Intern@t Banking</b>
<input type="checkbox"/> BCR	<b>Business Cheque Rep<del>ort</del></b>

Please state the applicable main account:

<input type="checkbox"/> BSA	_____ - _____ - _____
<input type="checkbox"/> BTB	_____ - _____ - _____
<input type="checkbox"/> BIB	_____ - _____ - _____
<input type="checkbox"/> BCR	_____ - _____ - _____

**CUSTOMER INFORMATION** (please complete ALL sections)

Registered Name: \_\_\_\_\_

Registration No: \_\_\_\_\_

**Details of Contact Person:**

Name: \_\_\_\_\_

Handphone No: _____	Tel No: _____	Fax No: _____
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Business Email Address: \_\_\_\_\_

**FOR BSA APPLICATION**

**Nominated User Set Up**

**Please note that only one (1) nominated user is allowed for access to BSA**  
Mobile phones must support Short Message Service (SMS) by the following mobile telecommunication providers - Maxis [012 & 017], Celcom [013 & 019] or DiGi [016] network only.

Please indicate the accounts you wish to receive SMS Alerts.

1. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Nominated User: \_\_\_\_\_      New IC No: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Other/Former Name of Nominated User: \_\_\_\_\_

Mobile Phone No: **0 1** \_\_\_\_\_ - \_\_\_\_\_      Office Phone No: \_\_\_\_\_ - \_\_\_\_\_      Fax No: \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Transactions of RM5,000 and above will be advised to you via SMS. If you wish to set a different limit, please indicate the minimum threshold amount: RM \_\_\_\_\_ - \_\_\_\_\_

Do you wish to receive up-to-date broadcast on HSBC's products and services via this BSA?  Yes  No

**Authorised BTB Delegates/Users Details**

*Note: Delegate means any person nominated and authorised by the customer to use the Service.*

**A. Delegate Details**

**Disclaimer:** For security reason, the Delegate Personal Banking Number (PBN) and Personal Identification Number (PIN) are required to access to BTB. Please note that the Authorised Signatory(ies) is/are required to acknowledge receipt of PIN on behalf of Delegate. Otherwise the Delegate is unable to conduct payment/transfer although he/she has been authorised to do so. Payment/transfer limits will be activated within three (3) banking days after HSBC receipt of the acknowledgement of the relevant PIN.

**Delegate 1**  
 Full Name of Delegate \_\_\_\_\_  
 Other/Former Name of Delegate \_\_\_\_\_  
 New IC No [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]  
 Funds Transfer Service  Required (complete Sections B, C and D when this is marked)  
 Not Required (restricted to Enquiry only)

**Delegate 2**  
 Full Name of Delegate \_\_\_\_\_  
 Other/Former Name of Delegate \_\_\_\_\_  
 New IC No [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]  
 Funds Transfer Service  Required (complete Sections B, C and D when this is marked)  
 Not Required (restricted to Enquiry only)

**B. Funds Transfer to own Account(s)**

*Maximum combined limit of RM500,000 for all Delegates per day.  
 (Note: only complete this section if you wish to link your other accounts for the Funds Transfer Service)*

1. Account Name \_\_\_\_\_  
 Account No [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

Delegate 1	Max. limit per day	Delegate 2	Max. limit per day
	RM		RM

2. Account Name \_\_\_\_\_  
 Account No [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

Delegate 1	Max. limit per day	Delegate 2	Max. limit per day
	RM		RM

3. Account Name \_\_\_\_\_  
 Account No [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

Delegate 1	Max. limit per day	Delegate 2	Max. limit per day
	RM		RM

4. Account Name \_\_\_\_\_  
 Account No [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  

Delegate 1	Max. limit per day	Delegate 2	Max. limit per day
	RM		RM

**C. Funds Transfer to Non-designated 3rd Party Payees**

*Maximum combined limit of RM100,000 for all Delegates per day.  
 (Note: Telebanker(s) will provide assistance on this type of payment)*

Delegate 1	Max. limit per day	Delegate 2	Max. limit per day
	RM		RM

**D. Details of Designated 3rd Party Payees**

*Maximum combined limit of RM500,000 for all Delegates per day.*

**Intra-Bank Funds Transfer (within HSBC)**

1. Payee's Name _____ Account No [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Delegate 1 Max. amount per payment RM	Delegate 2 Max. amount per payment RM
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2. Payee's Name _____ Account No [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	Delegate 1 Max. amount per payment RM	Delegate 2 Max. amount per payment RM
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**Cashier's Order/Demand Draft**

Payee's Name _____ IC/Passport No. _____ Payee's Address _____ Payee's Account No./Bank (if any) _____ Currency _____	Delegate 1 Max. amount per payment (RM equivalent) RM	Delegate 2 Max. amount per payment (RM equivalent) RM
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**Outward Telegraphic Transfer (TT)**

Payee's Name _____ Payee's bank and address _____ Payee's Account No. _____ Currency _____ Payment details/Sort code (if any) _____ Overseas charges for: <input type="checkbox"/> Payee's account <input type="checkbox"/> Remitter's account	Delegate 1 Max. amount per payment (RM equivalent) RM	Delegate 2 Max. amount per payment (RM equivalent) RM
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**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.)**

Name of Company/ Merchant _____ Account/Bill reference No. _____	Delegate 1 Max. amount per payment RM	Delegate 2 Max. amount per payment RM
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Please note that transfers/payments made from an external account is subjected to the permitted purpose under the Exchange Control Regulations.

**FOR BIB APPLICATION**

**Disclaimer:** For security reason, the BIB User ID, Password and Security Device are required to logon to BIB. Please note that the User is required to acknowledge receipt of the Security Device. Otherwise the User is unable to conduct payment/transfer although he/she has been authorised to do so. Payment/transfer limits will be activated within three (3) banking days after our receipt of the relevant Security Device Acknowledgement letter.

**Company Set up [for BIB]**

With the set-up of BIB, e-statements (up to 15 prior months) are available for download. No hardcopy statements will be issued.	Do you wish to subscribe for the following services: AutoPay/Bulk Payment <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: By default these services are not included.</i>														
Please automatically link all accounts to BIB <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Note: By default, all future company accounts will be automatically linked unless stated otherwise.</i>	Internet Trade Service <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 <i>Note: • By default, BIB services will be set by One Primary User unless stated otherwise</i>	e-Share Payment (by Brokers) <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 <i>Note: By default, all transactions will be set as "one to approve" unless stated otherwise</i>	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:20%; text-align: center;">Company Maximum Daily Limit</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Transfer to pre-designated payee</td> <td style="text-align: right;">RM _____]*</td> </tr> <tr> <td><input type="checkbox"/> Transfer to non-designated payee</td> <td style="text-align: right;">RM _____]*</td> </tr> <tr> <td><input type="checkbox"/> Transfer to own account</td> <td style="text-align: right;">RM _____]*</td> </tr> <tr> <td><input type="checkbox"/> Bill Payment</td> <td style="text-align: right;">RM _____]*</td> </tr> <tr> <td><input type="checkbox"/> AutoPay/Bulk Payment</td> <td style="text-align: right;">RM _____]*</td> </tr> <tr> <td><input type="checkbox"/> All Transactions</td> <td style="text-align: right;">RM _____]**</td> </tr> </tbody> </table>		Company Maximum Daily Limit	<input type="checkbox"/> Transfer to pre-designated payee	RM _____]*	<input type="checkbox"/> Transfer to non-designated payee	RM _____]*	<input type="checkbox"/> Transfer to own account	RM _____]*	<input type="checkbox"/> Bill Payment	RM _____]*	<input type="checkbox"/> AutoPay/Bulk Payment	RM _____]*	<input type="checkbox"/> All Transactions	RM _____]**
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**User Set Up**

A Primary User must be the authorised signatory of at least one of your accounts with HSBC. A Primary User is authorised to submit any online application/instruction for and on behalf of the business/entity.

<p><b>1. Primary User Details</b> (at least one Primary User must be selected for BIB service)</p> Name: _____ Other/Former Name: _____ Position in Company: _____ New IC No/Passport# No: _____ (*mandatory) Date of Birth: [ d   d ] - [ m   m ] - [ y   y   y   y ] Tel No: _____ Fax No: _____ Email address: _____ I wish to receive marketing information to the email address provided above. <input type="checkbox"/> Yes <input type="checkbox"/> No	<p><b>2. Primary User Details</b> (at least one Primary User must be selected for BIB service)</p> Name: _____ Other/Former Name: _____ Position in Company: _____ New IC No/Passport# No: _____ (*mandatory) Date of Birth: [ d   d ] - [ m   m ] - [ y   y   y   y ] Tel No: _____ Fax No: _____ Email address: _____ I wish to receive marketing information to the email address provided above. <input type="checkbox"/> Yes <input type="checkbox"/> No																												
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Please note that for transfers between an external account and a resident account through BIB, the limit is not exceeding RM5,000 per day in aggregate for any purpose.

**FOR BIB APPLICATION (CONT'D)**

**User Set Up**

**1. Primary User Details** (at least one Primary User must be selected for BIB service)

Name: \_\_\_\_\_  
 Other/Former Name: \_\_\_\_\_  
 Position in Company: \_\_\_\_\_  
 New IC No/Passport# No: \_\_\_\_\_ (\*mandatory)  
 Date of Birth: [d][d] - [m][m] - [y][y][y][y]  
 Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Email address: \_\_\_\_\_

I wish to receive marketing information to the email address provided above.  Yes  No

Transaction Category	Max Daily Limit
<input type="checkbox"/> Enquiry/Payment Preparation only	
<input type="checkbox"/> Transfer to pre-designated payee	[RM] _____ *
<input type="checkbox"/> Transfer to non-designated payee	[RM] _____ *
<input type="checkbox"/> Transfer to own account	[RM] _____ *
<input type="checkbox"/> Bill Payment	[RM] _____ *
<input type="checkbox"/> AutoPay/Bulk Payment	[RM] _____ *

Specimen Signature

**2. Primary User Details** (at least one Primary User must be selected for BIB service)

Name: \_\_\_\_\_  
 Other/Former Name: \_\_\_\_\_  
 Position in Company: \_\_\_\_\_  
 New IC No/Passport# No: \_\_\_\_\_ (\*mandatory)  
 Date of Birth: [d][d] - [m][m] - [y][y][y][y]  
 Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
 Email address: \_\_\_\_\_

I wish to receive marketing information to the email address provided above.  Yes  No

Transaction Category	Max Daily Limit
<input type="checkbox"/> Enquiry/Payment Preparation only	
<input type="checkbox"/> Transfer to pre-designated payee	[RM] _____ *
<input type="checkbox"/> Transfer to non-designated payee	[RM] _____ *
<input type="checkbox"/> Transfer to own account	[RM] _____ *
<input type="checkbox"/> Bill Payment	[RM] _____ *
<input type="checkbox"/> AutoPay/Bulk Payment	[RM] _____ *

Specimen Signature

You are recommended to nominate a minimum of 2 Primary Users [PU]. The PUs can go online create up to 18 secondary Users [SU]. When the User performs a transfer/payment instruction that is higher than his/her current transaction limit and/or account signatory limit, the payment instruction will be held pending approval by another User(s) whose limit is/are adequate and in accordance with Account Control setup for the payment/transfer value. For control purposes, you are recommended to set PUs with same limits to facilitate approval of administrative changes especially if you have opted for Dual Administration Control. Please complete the following details of the User(s) and indicate the transaction services required as well as the maximum daily limit for each User. Please note that once nominated, the PU will be able to assign access for the company's accounts via the Account Control setup.

\* Please note that if no amount is stated, the default limit size will be set at "Zero" (0). User with "Zero" limit can only view and prepare payment. If authority is given for the maximum limit as may be specified by HSBC from time to time, please state "Maximum" in space provided. Please note that the Company's Maximum Daily Limit will be defaulted to the highest limit accorded to any of your Users, unless otherwise stated in the Company Setup.

\*\* This refers to the maximum amount allowable to be performed by the company as a whole for all types of transaction. This limit is recommended to be set as the total of your entire daily transaction limit for the various types of transfers.

**FOR BCR APPLICATION**

**User 1 Details**

Name of Nominated User: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 New IC No./Passport No.: \_\_\_\_\_ Tel No.: \_\_\_\_\_

**Please indicate the accounts you wish to receive BCR**

1. [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ] 2. [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ]

**User 2 Details**

Name of Nominated User: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 New IC No./Passport No.: \_\_\_\_\_ Tel No.: \_\_\_\_\_

**Please indicate the accounts you wish to receive BCR**

1. [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ] 2. [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ]

**User 3 Details**

Name of Nominated User: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 New IC No./Passport No.: \_\_\_\_\_ Tel No.: \_\_\_\_\_

**Please indicate the accounts you wish to receive BCR**

1. [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ] 2. [ ][ ][ ][ ] - [ ][ ][ ][ ][ ][ ][ ][ ][ ] - [ ][ ][ ][ ]

**IMPORTANT NOTE**

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

## DECLARATION

1. I/We wish to apply for the services indicated in this application 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](http://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 application 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 the Bank is 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**

**For Partnership**

**For Limited Company**

**For Registered Club/Society/Association**

**For Embassy/Diplomatic Office**

- the Sole Proprietor
- the Partner(s) authorised by the partnership resolution
- the person(s) authorised by a Board resolution
- the Office-Bearer(s) authorised by the governing body resolution
- H.E. Ambassador/High Commissioner

## SIGNED FOR AND ON BEHALF OF THE CUSTOMER

1. Full name in BLOCK LETTERS

New IC No: [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

*I confirm that I am duly authorised by the Customer to sign this application form for and on its behalf.*

Signature

2. Full name in BLOCK LETTERS

New IC No: [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

*I confirm that I am duly authorised by the Customer to sign this application form for and on its behalf.*

Signature

3. Full name in BLOCK LETTERS

New IC No: [ ] [ ] [ ] [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]

*I confirm that I am duly authorised by the Customer to sign this application form for and on its behalf.*

Signature