

Associate applicant mandate (Partnership)

To: The Manager
The Hongkong and Shanghai Banking Corporation Limited ("the Bank")

Name of Partnership: _____

Registered office: _____

We, the undersigned, being the present individual Partners trading or practising for the time being under the style or in the form
(full name of the firm) _____

whose address is (full address) _____

("the Firm") hereby acknowledge the following:

1. that the letter of authority is approved and that the following be authorised to sign the aforementioned letter on behalf of the Firm;

Name Specimen signature

Name Specimen signature

Name Specimen signature

Name Specimen signature

2. that the Bank be requested and authorised to act in accordance with the terms of the letter of authority;
3. that the Firm has considered and accepted the wide powers conferred on the primary users including their authority to designate secondary users, and that both sets of users shall have wide powers in relation to accounts of the Firm;
4. that expressions used in this mandate have the same meaning as corresponding expressions in the Business Internet Banking terms and conditions, letter of authority, the Business Internet Banking application form and the Business Internet Banking authorisation change form;
5. that this mandate be communicated to the Bank and remain in force until an amending mandates shall have been passed by the Firm and a certified copy thereof shall have been received by the Bank.

Dated this _____ day of _____ .

Signed (by ALL Partners of the Firm above)

Name:
NRIC / Passport number:

Name:
NRIC / Passport number:

Name:
NRIC / Passport number:

Name:
NRIC / Passport number:

Name:
NRIC / Passport number:

Name:
NRIC / Passport number:

**NOTE: ALL AMENDMENTS ON THE MANDATE MUST BE COUNTERSIGNED BY ALL PARTNERS.
ALL SIGNATURES MUST MATCH SPECIMEN SIGNATURES IN OUR BANK RECORDS.
ALL SIGNATURES MUST BE VERIFIED BY AN OFFICER OF AN HSBC BRANCH OR AN INTERNATIONAL BANK.**

Letter of authority from associate applicant

To: The Manager
The Hongkong and Shanghai Banking Corporation Limited ("the Bank")

Name of entity: _____

Registered office: _____

We _____ (the "Associate Applicant", also we, us, our) refer to the Business Internet Banking application form and Business Internet Banking authorisation change form (the "Application") between _____ (the "Main Applicant") and The Hongkong and Shanghai Banking Corporation Limited (the "Bank" also you, your, yours).

The expressions used herein shall have the same meaning as corresponding expressions in the Business Internet Banking terms and conditions.

We request you to give effect to the instructions of any of the primary user(s) appointed by the main applicant and/or secondary user(s) designated from time to time concerning our accounts for the same transaction services as those requested on the Business Internet Banking application form and Business Internet Banking authorisation change form by the main applicant.

You are authorised to provide or withdraw Business Internet Banking and/or the services in respect of our accounts opened with you from time to time. We agree that you are not obliged to give us any notice of withdrawal.

We confirm that we have been supplied with and have read a copy of the Business Internet Banking terms and conditions and security guide. We agree to be bound by the Business Internet Banking terms and conditions and security guide in relation to all Business Internet Banking and/or services provided to the main applicant or us. For this purpose all references to the customer, as defined in the Business Internet Banking terms and conditions and the application, shall be construed as applying also to us as if we were named therein as the "Customer".

We agree that this letter of authority shall be governed by and interpreted in accordance with the laws of Singapore, and further agree to submit to the non-exclusive jurisdiction of the courts of Singapore.

The person(s) signing below confirm that the associate applicant has taken all necessary action to authorise the entry into and performance of this letter of authority, that the person(s) signing below have been duly authorised to sign this letter of authority on behalf of the associate applicant, and that this letter of authority and such authorisation are in accordance with the applicable constitutional documents of the associate applicant.

Signature
Full name (in capitals) _____
Title _____
Date _____

Signature
Full name (in capitals) _____
Title _____
Date _____

Signature
Full name (in capitals) _____
Title _____
Date _____

Signature
Full name (in capitals) _____
Title _____
Date _____