

INTEGRATED REFERRAL AND PRODUCT/SERVICES INFORMATION REQUEST FORM

Account Name			
Customer Number		Date (dd-mm-yyyy)	

HSBC SAVINGS BANK (PHILIPPINES) INC.

Gentlemen:

I/We understand that the following products and services are offered by the named institutions. Please provide me/us on a regular basis updates on the products and services I have ticked in this form as they become available from the respective institutions.

The Hongkong and Shanghai Banking Corporation Limited (HSBC)

- | | |
|---|--|
| <input type="checkbox"/> Fixed Income Instruments | <input type="checkbox"/> Structured Products |
| <input type="checkbox"/> Trust Services | <input type="checkbox"/> Others: |

HSBC Insurance Brokers (Philippines) Inc.

Please send me updates regarding the following insurance services:

- | | |
|--|--|
| <input type="checkbox"/> Education | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Investment with Insurance | <input type="checkbox"/> Family Protection |

Coverage Amount Needed: _____ Annual Budget: _____

International Services

- International Banking Center**, please specify which country you prefer: _____
- HSBC Private Bank (Suisse) SA**

Other Products and Services from other affiliates

Please provide me/us information regarding the following products and services:

- | | | | | |
|---|---|--|--|---------------------------------------|
| <input type="checkbox"/> Private Issuance | <input type="checkbox"/> Public Offering | | | |
| <input type="checkbox"/> Debt | | <input type="checkbox"/> Equity | | |
| <input type="checkbox"/> Foreign Issuance | <input type="checkbox"/> Local Issuance | <input type="checkbox"/> Common | <input type="checkbox"/> Preferred | <input type="checkbox"/> Hybrid |
| <input type="checkbox"/> Developed Markets | <input type="checkbox"/> Emerging Markets | | | |
| <input type="checkbox"/> Corporate Issuance | <input type="checkbox"/> Sovereign Issuance | | | |
| <input type="checkbox"/> PHP Denominated | <input type="checkbox"/> Foreign Currency Denominated | | | |
| <input type="checkbox"/> Investment Guide | <input type="checkbox"/> Non-Investment Grade | | | |
| <input type="checkbox"/> Interest Rate Linked | <input type="checkbox"/> Commodity Linked | <input type="checkbox"/> Foreign Exchange Linked | <input type="checkbox"/> Equity Linked | <input type="checkbox"/> Index Linked |

Others: _____

Please refer me to the above indicated entities and ask them to:

- Call me at _____
- Visit me at _____
- Email brochures/marketing materials to _____

I/We authorise HSBC Savings Bank to provide my/our name and contact details and other relevant customer information to the institutions above.

Customer Signature over Printed Name



Customer Signature over Printed Name



FOR BANK USE ONLY:

This confirms that I have checked the following: C35, NCCT, CRRT, PEP Database and OFAC/SDN.

Name of Referror:	Signature of Referror:	Branch	Date (dd-mm-yyyy)