

**REFERRAL and PRODUCT/SERVICES INFORMATION REQUEST FORM**

<b>Customer Number</b>		<b>Date (dd-mm-yyyy)</b>	
<b>Account Name</b>			

**HSBC SAVINGS BANK (PHILIPPINES) INC.**

Gentlemen:

I / We understand that the following products and services are offered by the named institutions.

**The Hongkong and Shanghai Banking Corporation Limited (HSBC)**

- Fixed Income Instruments : \_\_\_\_\_  Structured Deposits  
 Trust Services  Others : \_\_\_\_\_

**HSBC Insurance Brokers (Philippines) Inc.** for any of the following insurance services:

- Education  Retirement  Family Protection  
 Emergency  Investment with Insurance  Medical/ Hospital Income/ Personal Accident

Amount Needed: \_\_\_\_\_ Annual Budget: \_\_\_\_\_

**Asset Protection**

a) Home Floor Area: \_\_\_\_\_ Ownership:  Owned  Rented

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

Estimated Value: Building: \_\_\_\_\_ Content: \_\_\_\_\_

b) Motor Vehicle Make: \_\_\_\_\_ Model: \_\_\_\_\_ Type: \_\_\_\_\_

**For OFFSHORE/INTERNATIONAL SERVICES:**

- International Banking Center** \_\_\_\_\_  **HSBC Private Bank (Suisse) SA**  
Specify Country

**Other Products and Services:**

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

Please refer me to the above indicated entities to:

- Call me at \_\_\_\_\_  
 Visit me at \_\_\_\_\_  
 Send 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.

_____ 	_____ 
<b>Customer Signature over Printed Name</b>	<b>Customer Signature over Printed Name</b>
_____ 	_____ 
<b>Customer Signature over Printed Name</b>	<b>Customer Signature over Printed Name</b>

<b>FOR BANK USE ONLY:</b>			
This confirms that I have checked the following: C35, NCCT, CRRT, PEP Database and OFAC / SDN.			
Name of Referrer:	Signature of Referrer:	Branch	Date (dd-mm-yyyy)