

HOME LOAN

Request for a TOP-UP Loan

Customer Name : _____ **Request date:** _____

I would like to avail of a Top-Up against my existing home loan account:

Account No: _____ -- _____ -- _____ drawn last _____.

Customer No. _____

Desired Loan Amount: _____

Note:

1. Loan amount should be net of outstanding loan balance and original loan amount of the existing loan.
 2. Existing home loan account should be at least 12 months on books.
 3. **Tenor should not exceed maturity of the existing loan.**
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I acknowledge that:

- My request is subject to HSBC Savings Bank's approval;
- I shall be required to pay an appraisal fee for the re-appraisal of the mortgaged property by any of the Bank's accredited appraisers, upon approval of my request. The appraisal fee shall be advised to me by my branch of account/sales officer.
- I shall submit and/or sign new income or loan documents where necessary for the processing of my request.
- I shall continue to pay the monthly amortizations due under the above loan account pending the approval of my request.

I hereby authorize HSBC Savings Bank to:

Debit my Account No: _____ -- _____ -- _____, where a Cashier's Order will be made by HSBC Savings Bank in favor of the appraiser.

Receive cash or cheque payment from me or my authorized representative for the re-appraisal fee of the existing mortgaged property once request is approved.

I hereby authorize _____, the appraisal company, to enter the premises and to appraise the existing mortgaged property for my application for a Top-Up Loan. Details of said property follows:

TCT/CCT Number _____

Complete address of the property _____

I affirm that I am fully aware of and accept the effect of my request and voluntarily make this request. I hereby expressly, absolutely and unconditionally release and discharge HSBC Savings Bank and undertake to, at all times, indemnify/keep HSBC Savings Bank free and harmless, from any and all claims, liabilities, obligations, actions, proceedings, loss, damage, costs and expenses arising from or in connection with, directly or indirectly, HSBC Savings Bank so acting upon these instructions, except in case of gross negligence on the part of HSBC Savings Bank.

Customer name over Signature

Branch PBO/Sales Account Officer

Date Received

This portion to be filled-up by HSBC

Endorsed to (Name/Dept): _____ Date received: _____ Processed by: _____

Comments: _____