

REFERRAL FORM

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

THE HONGKONG and SHANGHAI BANKING CORPORATION LIMITED

Gentlemen:

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

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Education Funding | <input type="checkbox"/> Retirement Funding | <input type="checkbox"/> Family Protection |
| <input type="checkbox"/> Emergency Funding | <input type="checkbox"/> Dreams Funding | |
| <input type="checkbox"/> Asset Protection | | |
| a) Home | Floor Area: _____ | |
| b) Motor Vehicle | Make: _____ Model: _____ Type: _____ | |
| <input type="checkbox"/> Travel Protection | Destination: _____ | Travel Period: _____ |
| Amount Needed: _____ | | Annual Budget: _____ |

HSBC Trust for trust services

For offshore services:

International Banking Center _____ **HSBC Private Bank (Suisse) SA**
Specify Country

Please refer me to the above indicated entities to:

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

Customer Signature over Printed Name

Customer Signature over Printed Name

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 Referrer:	Signature of Referrer:	Branch	

ACCOUNT INFORMATION

Account Name		Signing Instructions <input type="checkbox"/> Anyone <input type="checkbox"/> Jointly <input type="checkbox"/> Others: _____
Correspondence Address*	Purpose of Trust	Expected Fund Size*

INVESTMENT INSTRUCTIONS

Mode of Collection : Charge Account Number	Investment Restrictions
Withdrawal Requirements (indicate amount, frequency and date due, if any)	
Investments and withdrawals will be executed upon receipt of written instructions only.	

CUSTOMER INFORMATION

FIRST TRUSTOR

<input type="checkbox"/> Mr* <input type="checkbox"/> Ms* <input type="checkbox"/> Mrs* <input type="checkbox"/> Other* : _____		First Name*	Middle Nam*	Last Name*
Preferred Name/s:	Other Name : Aliases or name in another language		Former Name : Includes maiden name if applicable	Nationality*
Date of Birth (dd-mmm-yy)*	Place of Birth*	Civil Status*	If Married, Name of Spouse	
Present Address* (No P.O. Box or care of addresses)		Permanent Address* (No P.O. Box or care of addresses)		
Residential Number/s.*	Office Number/s*	Fax Number/s*	Mobile Number/s*	TIN/SSS/GSIS Number*
Employer/Business Name*		Nature of Work/Business*	Job Title* (eg. VP Sales). If Professional, please specify (eg. Lawyer)	
Source of Funds*		Email Address		

SECOND TRUSTOR

<input type="checkbox"/> Mr* <input type="checkbox"/> Ms* <input type="checkbox"/> Mrs* <input type="checkbox"/> Other* : _____		First Name*	Middle Nam*	Last Name*
Preferred Name/s:	Other Name : Aliases or name in another language		Former Name : Includes maiden name if applicable	Nationality*
Date of Birth (dd-mmm-yy)*	Place of Birth*	Civil Status*	If Married, Name of Spouse	
Present Address* (No P.O. Box or care of addresses)		Permanent Address* (No P.O. Box or care of addresses)		
Residential Number/s.*	Office Number/s*	Fax Number/s*	Mobile Number/s*	TIN/SSS/GSIS Number*
Employer/Business Name*		Nature of Work/Business*	Job Title* (eg. VP Sales). If Professional, please specify (eg. Lawyer)	
Source of Funds*		Email Address		

THIRD TRUSTOR

<input type="checkbox"/> Mr* <input type="checkbox"/> Ms* <input type="checkbox"/> Mrs* <input type="checkbox"/> Other* : _____		First Name*	Middle Nam*	Last Name*
Preferred Name/s:	Other Name : Aliases or name in another language		Former Name : Includes maiden name if applicable	Nationality*
Date of Birth (dd-mmm-yy)*	Place of Birth*	Civil Status*	If Married, Name of Spouse	
Present Address* (No P.O. Box or care of addresses)		Permanent Address* (No P.O. Box or care of addresses)		
Residential Number/s.*	Office Number/s*	Fax Number/s*	Mobile Number/s*	TIN/SSS/GSIS Number*
Employer/Business Name*		Nature of Work/Business*	Job Title* (eg. VP Sales). If Professional, please specify (eg. Lawyer)	
Source of Funds*		Email Address		

FOURTH TRUSTOR				
<input type="checkbox"/> Mr* <input type="checkbox"/> Ms* <input type="checkbox"/> Mrs* <input type="checkbox"/> Other* : _____		First Name*	Middle Nam*	Last Name*
Preferred Name/s:		Other Name : Aliases or name in another language	Former Name : Includes maiden name if applicable	Nationality*
Date of Birth (dd-mmm-yy)*		Place of Birth*	Civil Status*	If Married, Name of Spouse
Present Address* (No P.O. Box or care of addresses)			Permanent Address* (No P.O. Box or care of addresses)	
Residential Number/s.*	Office Number/s*	Fax Number/s*	Mobile Number/s*	TIN/SSS/GSIS Number*
Employer/Business Name*		Nature of Work/Business*	Job Title* (eg. VP Sales). If Professional, please specify (eg. Lawyer)	
Source of Funds*		Email Address		

I/We declare under penalty of perjury that the information indicated in the account opening form and the subsequent product and services application forms is true and accurate of my own personal knowledge. I/We undertake to notify you in writing of any change in any information indicated herein.

SIGNATURE SHEET

First Trustor : Specimen Signature 1



First Trustor : Specimen Signature 2



First Trustor : Specimen Signature 3



Second Trustor : Specimen Signature 1



Second Trustor : Specimen Signature 2



Second Trustor : Specimen Signature 3



Third Trustor : Specimen Signature 1



Third Trustor : Specimen Signature 2



Third Trustor : Specimen Signature 3



Fourth Trustor : Specimen Signature 1



Fourth Trustor : Specimen Signature 2



Fourth Trustor : Specimen Signature 3



FOR HSBC-TRUST USE ONLY :	
System Maintenance: TRUST PERSONNEL	Approved in FMS: TRUST DEPARTMENT OFFICER

LETTER of INDEMNITY – Facsimile Instructions

IMPORTANT NOTICE

Customers should consider the possible risks inherent in the giving of instructions by facsimile. Non-original signatures on the facsimiles may be forged and instructions given by facsimile may be transmitted to wrong numbers, may never reach our Bank and may thereby become known to third parties thus losing their confidential nature. Our Bank accepts no responsibility for the occurrence of any such circumstances or for any action, claim, loss, damage or cost arising or incurred by customers as a result of or in connection with any such circumstances or the giving of any such instructions by facsimile. Customers are and continue to be solely responsible for making their own independent appraisal and assessment of any possible risks in relation to the giving of any such instructions. Accordingly, customers should not authorize our Bank to accept instructions by facsimile, electronic mail and/or telephone unless they are prepared to undertake such risks and have satisfied themselves in all respects with regard to such authorization.

The Hongkong and Shanghai Banking Corporation Limited-Philippine Branch, Trust Department

Customer Number		Date (dd-mmm-yy)	
Account Name			
Account *		Facsimile Code (optional)	

* **IMPORTANT:** *If you indicate specific accounts in this field, the authority and instructions contained in this Letter of Indemnity will only cover the accounts identified. If this field is left blank, this document will cover all existing and future accounts under the indicated Customer Number.*

**To: TRUST DEPARTMENT
THE HONGKONG AND SHANGHAI BANKING CORPORATION LIMITED - Philippine Branch**

Gentlemen:

In consideration of your agreeing to accept from me/us from time to time instructions purporting to come from me/us via electronic mail or telephone or in the form of a facsimile bearing the code as specified above or as agreed from time to time between us in writing but not bearing an original signature, in relation to the accounts specified above or, where no accounts have been indicated, in relation to all my/our existing and future deposit, investment and other accounts under the above Customer Number (the "Accounts") without requiring written confirmation in respect of said instructions prior to acting thereon, I/we confirm that:

1. I am/We are aware of the possible risks involved in connection with the giving of any faxed, instruction and have taken note of, and acknowledge my/our understanding and agreement to, the **Important Notice** above, which has been explained to me/ us by the Bank.
2. You are hereby irrevocably and unconditionally authorized to act on any instruction received by facsimile instruction which you in your sole discretion believe emanate from me/us or otherwise appear to comply with the terms of the mandate for the Accounts and you shall not be liable for acting in good faith on facsimile instructions which emanate from unauthorized individuals under any circumstances whatsoever.
3. You shall not be under any duty to verify the identity of the person or persons giving any facsimile instruction purportedly made by or on my/our behalf or the authenticity of any signature on said instruction. Any transaction made pursuant to any facsimile instruction shall be binding upon me/us whether made with or without my/our authority, knowledge or consent.
4. In the event that a facsimile instruction cross-refers to any terms and conditions as being applicable to such instruction or the related transaction (whether expressed as printed overleaf or as a separate document), I/we agree that you shall be entitled to treat such cross-reference as a reference to your current standard terms and conditions applicable to such type of instruction or transaction and to proceed on the basis that I/we have read, understood and accepted such terms and conditions.
5. I/we undertake to keep you indemnified at all times against, and to save you harmless from all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of or in connection with your accepting facsimile, electronic mail and/or telephone instructions from me/us and acting thereon, whether or not the same are confirmed in writing by me/us.
6. I/we agree that, should I submit to you the original instructions previously sent to you by facsimile instructions previously made by me/us, I/we will clearly affix thereon the notation: "For regularization only" and I/we agree that you shall not be liable for any action or decision taken by you on the basis of your receipt of the said original instruction or written confirmation, as the case may be, which does not bear the required notation.
7. The liabilities of each of us hereunder shall be joint and several.

Yours sincerely

Customer Signature over Printed Name

Customer Signature over Printed Name

Customer Signature over Printed Name

Customer Signature over Printed Name

