

STANDING INSTRUCTIONS (SI) FORM

Date : _____

Note:

1. Please complete form in **BLOCK** letters and tick where applicable.
2. Demand Drafts/Cashier's Orders will be dispatched directly to the beneficiary bank.

I/We wish to apply for	<input type="checkbox"/> New SI	<input type="checkbox"/> Amendment / SI no. _____	<input type="checkbox"/> Cancellation/SI no. _____
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Mode of Payment	<input type="checkbox"/> Telex Transfer	<input type="checkbox"/> Demand Draft	<input type="checkbox"/> Cashier's Order	<input type="checkbox"/> Internet Transfer
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REMITTER'S ACCOUNT DETAILS

Debit Account Number _____ - _____ - _____	Account Name
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REMITTANCE DETAILS (please tick only one box)

Remittance Currency	<input type="checkbox"/> UAE Dirham	<input type="checkbox"/> US Dollar	<input type="checkbox"/> Pound Sterling	<input type="checkbox"/> Euro	<input type="checkbox"/> Indian Rupee	<input type="checkbox"/> Other _____
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Amount in figures <i>(Please specify currency)</i>	<input type="checkbox"/> Remittance currency OR <input type="checkbox"/> Other Currency _____ , _____ , _____ . _____
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Amount in words	_____
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Frequency	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Fortnightly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Every 2 Months	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Half-yearly	<input type="checkbox"/> Yearly
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Effective Date	First Payment Date _____	Regular Payment Date _____
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SI Expiry	<input type="checkbox"/> Total number of payments _____	OR	<input type="checkbox"/> Until further notice
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Limits <i>(minimum/Maximum A/C Balance)</i>	Higher Limit _____	-	Lower Limit _____
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Charges <i>(only for TT's)</i>	Sending bank	<input type="checkbox"/> Charge my account	<input type="checkbox"/> Charge from remittance amount
	Other bank	<input type="checkbox"/> Charge my account	<input type="checkbox"/> Charge from remittance amount

BENEFICIARY DETAILS

Name :	_____
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Account Number:	_____
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Bank:	_____
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Branch:	City:
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State/Country/Province:	Country:
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Bank Code*:	(*SWIFT/Sort Code/Fedwire ID/CHIPS UID/etc.)
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Beneficiary address <i>(Personal or Business)</i>	_____
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Payment details:	_____
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Other Instructions to Bank	_____
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REMITTER'S DETAILS

Contact Numbers:	Mobile: _____	Office/Residence: _____	E-mail: _____
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I/We agree to the Terms & Conditions given at the back Customer Signature: _____	S.V.	Bank Staff Name & Signature
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BANK USE ONLY

SI TYPE (BSI, DSI, TSI)	CHARGE CODE	CHARGE TYPE	To Bank	Benf. Bank	Maker	Authorised Signature
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For more details, please call 800 HSBC (800 4722) or your Relationship Managers.**