

Letter of Authorisation

- Please provide authorised signatory's photograph with his/her signature on it
- Please produce separate documents as evidence for Proof of Identity (List A) and Proof of Address (List B) from Third Party authorised to operate A/c

List A

- Passport, Election/Voter's ID, Permanent driving licence, Govt. employee ID Card, Defence ID card, Permanent Account Number (PAN) Card, Aadhar Card, Photo ration card, NREGA (National Rural Employment Guarantee Act) Job card

List B

- Passport, Election/Voter's ID, Permanent driving licence, Ration card (refer note 4i), Society outgoing bill (only from registered societies), Electricity / Water / Telephone bill, Property tax bill, Domicile certificate with address issued by Municipal Corporation, Registered rent/lease agreement (registered with State Government or similar registration authority)

Please sign across your photograph and the letter of authorisation form after it has been pasted on the form.

If the address on the document submitted as Proof of Identity is the same as that declared in the Letter of Authorisation Form, the document may be accepted as a valid proof of both identity and address. If the address indicated on the document submitted for Proof of Identity differs from the address mentioned in the Letter of Authorisation Form, a separate Proof of Address should be submitted.

PERSONAL ACCOUNT SIGNATURE CARD

Account Type: (NRE/NRO/Savings/Current/Fixed Deposit, FCNR)

Third Party details

Third Party authorised to operate A/c to sign here:

Name of Third Party

Signatory: _____

Former/Other name of Third Party (if any):

(supporting documents are required for Former/Other name)

Residential address: _____

Permanent address:

(if different from above)

Date of birth: _____

Nationality: _____

Signature of Third Party

authorised: _____

Customer ID:	
ATTESTED BY	Name: 1st applicant
	Signature:
	Name: 2nd applicant
ATTESTED BY	Signature:
	Name: 3rd applicant
Signing instructions (for Joint A/c only):	
OFFICE USE ONLY	
Account opening date:	
Signature updating date:	

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Letter of Authorisation

The Manager
The Hongkong and Shanghai
Banking Corporation Limited

_____ Branch

Dear Sir,

Re: My NRE/NRO/Savings/Current/Fixed Deposit, FCNR accounts customer ID No. _____ with you.

I/We, _____ hereby authorise Mr/Mrs/Miss _____, _____ residing at _____, _____ to operate / issue instructions on my/our captioned accounts maintained with you by cheques, debit card and/or through the Automated Teller System, as per the rules prescribed by the Bank from time to time.

I/We also authorise the said, Mr/Mrs/Miss _____

- To place additional deposits under the above ID
- To renew deposits on maturity
- To request repayment of deposit proceeds on maturity

I/We further authorise the said, Mr/Mrs/Miss _____ to remit, through normal banking channels, funds out of the balances in my/our NRE and FCNR(B) account to me/us only.

I/We also authorise the said Mr/Mrs/Miss _____

to certify the correctness of the entries in the aforesaid account on my/our behalf.

I/We request you to pay and honour all cheques drawn/ATM withdrawals/debit card transactions made from time to time by the said, Mr/Mrs/Miss _____

_____, including cheques drawn/ATM withdrawals/debit card transactions made in his/her own favour; purporting to be drawn by him/her and on my/our said account and to place the amount of all such cheques drawn/ATM withdrawals/ debit card transactions to the debit of my/our said account in your books; notwithstanding that payment of such cheques drawn/ATM withdrawals/debit card transactions may create an overdraft.

I/We declare that the Bank will be discharged from all liability, if the cheques drawn by or the ATM withdrawals or the debit card transactions made by the aforesaid, Mr/Mrs/Miss _____ exceed the overdraft arrangements already made with the Bank with or without security and that I/we will be liable to repay the amount of overdraft so created within the limits or excess over the limits.

Any operations by the said, Mr/Mrs/Miss _____ on my/our account, including instructions of any nature involving the debit of my/our account, will be binding on me/us and you are therefore requested to act on the instructions received from him/her in connection with the aforesaid account.

Mr/Mrs/Miss _____ will sign the charge slips or other communications wherever the accountholder's/card holder's signature is required, after mentioning 'POA Holder' or 'Constituted Attorney' of the account holder/card holder. Bank at its discretion may accept or reject charge slips/transactions or any other communications where the aforesaid has not signed mentioning 'POA Holder' or 'Constituted Attorney'.

- Debit card required _____ Yes/No
(for authority holder of the account only)

- Name to be printed on debit card

 P | O | A | - | | | | | | | | | | | | | | | | | | | | |
(Name to fit)

- Address where debit card is to be delivered:

Registered correspondence address of accountholder

Address of POA Holder _____

I/We hereby agree and undertake that:

- The authority granted by me/us will be restricted to local payments only
- The operations on the said account authorised by this letter will not be allowed for the purpose of making gifts on my/our behalf
- The operations on the said account authorised by this letter will not be allowed to transfer funds to other NRE accounts

This authority shall continue to be in force until it is revoked by prior notice in writing by me/us. The Bank will be discharged from all the liabilities arising out of acting on the strength of this Letter of Authority, till notice of such revocations is received. This authority, if not revoked in my/our lifetime, shall be binding upon my/our estate/legal representatives until the written notice of my/our death is received by you.

Specimen signature of the person authorised

Yours faithfully,

Signature(s) of accountholder(s)

