HSBC*net* only ECMA Amendment Form -Existing Customer Associate





## Customer Details

• Full Customer Associate (Company) Name :	
• Address :	
• E-Channel Customer ID :	
• Postal Code / PO Box :	
• Full Customer Name (E-Channel Profile Owner) :	

## Customer Associate Authorisation

I / We refer to the E-Channels Master Customer Agreement or HSBCnet Customer Agreement as "The Customer Agreement" entered into between the Customer and the Bank and the Customer Associate Letter of Authority entered by the Customer Associate. I / We confirm that the Customer Associate Accounts and Services Schedule(s) attached to the Customer Associate Letter of Authority shall be amended in accordance with the details specified in the attached Customer Associate Accounts and Services Amendment Schedule(s). We will inform the Customer promptly of the instruction and the relevant Account detail. Save as amended by this Amendment Form, the Customer Associate Letter of Authority shall continue to have full force and effect and the parties shall observe and be bound by the Customer Associate Letter of Authority as amended.

## Signed for and on behalf of the Customer Associate

Full Name in BLOCK Letters	Full Name in BLOCK Letters
• Job Title	Job Title
Signature of Authorised Representative	Signature of Authorised Representative
• Date	• Date

Indicates Mandatory Fields

NOTE: Please cross	s through any	unused s	sections
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Section 2

respect of the HSBCnet Time Deposit transacting service.

For Bank Use only: Customer ID

BP - Bill Payment

eSec - eSecurity

## > Customer Associate Accounts and Services Amendment Schedule - HSBCnet (Corporate)

Customer Asso Name:	ociate										Re Stater				e Do	wnl	oad																
		e of the Account Holding Bank for the accounts listed below. You may have accounts with more than one bank or country.																															
Account Holdir	ng Bank:											Other reports:										Othe	r rep	orts:									
Account Holdir	Int Holding Country:																																
		ate hereby authon note that this is a																															
Account De	tails											►A	men	dme	nts	s 2	• \$	ierv	ices	3													
Bank /BranchCode	Ассо	unt Number	Currenc	су		Accour	nt Name			uthority F ccount N			Chang	e Ado	l De	elete	AI	TRF	PP	ACH	COS	RMS	FLU	IT Enq	rs Trans	TAX	Other	* Other	r* Oth	ner* O	ther* (	Other*	Other*
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Please specify th	ne local acco	unt from which y	ou pr	efer H	-ISBC	to del	bit the	fees an	d/or	tariffs.																							
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Note 1 : Please specify the Authority Reference Account (ARA) for each Time Deposit Account. The ARA is the account against which the authority profile (Profile) will be verified by the Bank to determine whether a maturity instruction created on a deposit is duly authorised. The Profile will be verified against the ARA only when the maturity instruction details do not contain specific debit accounts. This verification process applies to each deposit under the same Time Deposit account number. The ARA must be one for the accounts you designated for the debiting of funds in								l super s) ervices	rsede th in your	ne exis r profile	ting se			ts	AI PP CC FL ITS EN	– Prio DS – Cl U – Fil G – Inte Q - Er her – ( E F	ount In rity Par neque e Uploa rrnet Ti quiry Please NS – SEN – INS –	vments Outsou ad ade Se TRAN insert Instrue Benef Partial	s ircing S ervices NS - Tra	insacti vice co r) or) ction (c	on ode as	applic	ACH - RMS - TAX able. e. TD LB GF	- Auton - Recei - Tax ar g. INS, - Tim	e Depos kbox Se t Rate	Clearing Manag al Secu sit	g Hous gemen urity Pa	t Syste	m				

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