

Please complete ALL sections. Indicate NA if not applicable.

FOR BANK USE ONLY

Account Number:	Bank Authorised Signature & Stamp
Customer Number:	
International Customer Number:	Date:

SECTION I. ACCOUNT REQUIREMENT

1. I /We would like to apply for:

- BusinessVantage *(With Business Call Account)*
- Business Current Account
- Time Deposit Account
- Foreign Currency Account - Currency Type: _____ *(please specify)*

2. a) Purpose of account: _____

- b) I /We am / are the beneficial owner(s) of the funds of the account.
- I /We am / are holding the funds in the account on behalf of a third party.
- I /We am / are holding the funds in the account on behalf of more than one third party.

SECTION II. CUSTOMER INFORMATION *(Please complete all sections.)*

We are a: Sole Proprietorship Partnership Registered Club / Society / Association
 Limited Company Others, please specify: _____

Registered Name: _____

Former Name *(if any)*: _____ Other Name *(if any)*: _____

Registration No.: _____ Date of registration / incorporation *(dd/mm/yy)*: _____

Country of registration / incorporation: _____

Business Registered Address: _____

Postcode: _____

Mailing Address: _____

Postcode: _____

Business Tel. No.: _____ Fax No.: _____

Business Email: _____ Business Website: _____

I /We would like to receive events and up-to-date information on HSBC's products and services via email/direct mail: Yes No

Do you maintain any other accounts with other banks? Yes No

Bank / Branch: _____ **Account Number:** _____

1. _____ 1. _____

2. _____ 2. _____

Details of Introducer:

Name: _____

Telephone No.: _____ Account No.: _____

Address: _____

Postcode: _____

Introducer's Signature

Authorised Signatories to initial:

SECTION III. BUSINESS INFORMATION

Please complete this section to help us understand your business needs.

Nature of Business / Industry:

1. _____ 2. _____

Countries traded with: _____ Currencies traded in: _____

Paid up capital (in Brunei Dollars): _____

Number of Employees: _____

Business's Annual Sales Turnover (in Brunei Dollars): _____

Name of Parent Company and Country it is based (if any): _____

Subsidiary Companies (in / outside Brunei, if applicable): _____

Associate Companies (if applicable): _____

Is the company publicly traded?

No If Yes, please specify name of stock exchange: _____

Is the parent company publicly traded?

No If Yes, please specify name of stock exchange: _____

What is your company's management style?

Advance System in Use Modern Traditional

SECTION IV. CHEQUE BOOK APPLICATION

Please supply us with:	Quantity	Cheque Book(s) to be
<input type="checkbox"/> Books of 50 Bearer Cheques		<input type="checkbox"/> Collected at _____ office <input type="checkbox"/> by me / us <input type="checkbox"/> by (Name) _____ (Identification): _____ <input type="checkbox"/> mailed to me / us (to the monthly statement address of the account)
<input type="checkbox"/> Books of 50 Crossed Cheques		

SECTION V. ACCOUNT SERVICES

I / We would like to subscribe to the following services: Business ATM Card (BAC) (Business Internet Banking BIB is mandatory.)

IMPORTANT NOTE: Please cancel all unused portion(s) on this page to prevent any tampering.

Delegates / Users are persons nominated and authorised by the customer to use the Service.

Please complete the following details of Authorised Delegate (AD). A Business ATM Card (BAC) will be issued to each AD.

Number of cards required and the accounts you wish to access (BAC: Max of 4 ADs per A/C):

Note: For security reason, the BIB User ID, Password and Security Device are required to logon to BIB. Please note that the User is required to acknowledge receipt of the Security Device. Otherwise, the User is unable to conduct payment / transfer although he / she has been authorised to do so. Payment / transfer limits will be activated within three (3) banking days after receipt of the relevant Security Device Acknowledgement letter.

COMPANY SET UP (For BIB)															
Autopull - Please automatically link all accounts to BIB <input type="checkbox"/> Yes Note: By default, all future company accounts will be automatically linked unless stated otherwise. <input type="checkbox"/> No	Authorisation Matrix - Transactions to be approved by <input type="checkbox"/> One to approve <input type="checkbox"/> One or two within a signature group to approve <input type="checkbox"/> One or two within two signature groups to approve Note: By default, all transactions will be set as "one to approve" unless stated otherwise.														
Administration Control - Account / BIB User to be set up by <input type="checkbox"/> One Primary User (Single Control) <input type="checkbox"/> Two Primary Users (Dual Control) Note: By default, the BIB services will be set by One Primary User unless stated otherwise. Once you have opted for "Two Primary Users" you CANNOT revert to "One Primary User".	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: right;">Company Maximum Daily Limit</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Transfer to Non-Designated Payee BND _____</td> <td style="text-align: right;">*</td> </tr> <tr> <td><input type="checkbox"/> Transfer to Designated Payee BND _____</td> <td style="text-align: right;">*</td> </tr> <tr> <td><input type="checkbox"/> Transfer to Own Account BND _____</td> <td style="text-align: right;">*</td> </tr> <tr> <td><input type="checkbox"/> Bill Payment BND _____</td> <td style="text-align: right;">*</td> </tr> <tr> <td><input type="checkbox"/> AutoPay / Bulk Payment BND _____</td> <td style="text-align: right;">*</td> </tr> <tr> <td><input type="checkbox"/> Total of all transactions BND _____</td> <td style="text-align: right;">**</td> </tr> </tbody> </table>		Company Maximum Daily Limit	<input type="checkbox"/> Transfer to Non-Designated Payee BND _____	*	<input type="checkbox"/> Transfer to Designated Payee BND _____	*	<input type="checkbox"/> Transfer to Own Account BND _____	*	<input type="checkbox"/> Bill Payment BND _____	*	<input type="checkbox"/> AutoPay / Bulk Payment BND _____	*	<input type="checkbox"/> Total of all transactions BND _____	**
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<input type="checkbox"/> Transfer to Non-Designated Payee BND _____	*														
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<input type="checkbox"/> Bill Payment BND _____	*														
<input type="checkbox"/> AutoPay / Bulk Payment BND _____	*														
<input type="checkbox"/> Total of all transactions BND _____	**														

Authorised Signatories to initial:

Your e-Statement Notice (e-Statement is mandatory)

Type of e-Statement Required

- Composite Statement (i.e., one single statement for all your accounts with the bank.)
 - Regular Statement (i.e., a separate statement for each account.)
 - A copy of your account statement will be provided monthly, commencing from the date your account is opened, unless you specify otherwise in the space provided below:
- Statement frequency: Monthly Quarterly Yearly

You are recommended to nominate at least one (1) Primary User (PU) for Single Administration Control and at least two (2) Primary Users for Dual Administration Control. A Primary User must be the authorised signatory of at least one of your accounts with HSBC. A Primary User is authorised to submit any online application / instruction for and on behalf of the business / entity and can also go online to create up to eighteen (18) Secondary Users (SU).

For control purposes, you are recommended to set PUs with same limits to facilitate approval of administrative changes especially if you have opted for Dual Administration Control. Please complete the following details of the User(s) and indicate the transaction services required as well as the maximum Daily Limit for each User. Please note that once nominated, the PU(s) will be able to assign access for the company's accounts via the Account Control Setup. The First four (4) physical Security Device are free of charge. The fifth (5th) and subsequent Security Device(s) are chargeable at BND20 per device.

1. Authorised Delegate (i.e. persons nominated and authorised by the customer to use the Service.)	
Full Name (In BLOCK letters): _____ Please provide details on page 4/6	
Please choose the services you would like the AD to access	
<input type="checkbox"/> Business Internet Banking (BIB) <i>Please tick transactions to be accessed by the AD within this service:</i>	<input type="checkbox"/> Business ATM Card <i>Please tick transactions to be accessed by the AD within this service:</i>
<input type="checkbox"/> Primary User <i>(at least one Primary User must be selected for BIB service)</i> <div style="text-align: right;">Daily BIB Limit:</div> <input type="checkbox"/> Transfer to Non-Designated Payee BND _____ * <input type="checkbox"/> Transfer to Designated Payee BND _____ * <input type="checkbox"/> Transfer to Own Account BND _____ * <input type="checkbox"/> Bill Payment BND _____ * <input type="checkbox"/> AutoPay / Bulk Payment BND _____ * <input type="checkbox"/> Enquiry / Payment preparation only	<div style="text-align: right;">Daily Card Limit: <i>(Max. of BND4,000):</i></div> <input type="checkbox"/> Cash Withdrawal BND _____ * <input type="checkbox"/> Local Transfer / Credit Card Payment BND _____ * <input type="checkbox"/> Bill Payment BND _____ * <input type="checkbox"/> Account Balance Enquiry <input type="checkbox"/> Account Activity Enquiry <input type="checkbox"/> Statement & Cheque Book Request
2. Authorised Delegate (i.e. persons nominated and authorised by the customer to use the Service.)	
Full Name (In BLOCK letters): _____ Please provide details on page 4/6	
Please choose the services you would like the AD to access	
<input type="checkbox"/> Business Internet Banking (BIB) <i>Please tick transactions to be accessed by the AD within this service:</i>	<input type="checkbox"/> Business ATM Card <i>Please tick transactions to be accessed by the AD within this service:</i>
<input type="checkbox"/> Primary User <i>(at least one Primary User must be selected for BIB service)</i> <div style="text-align: right;">Daily BIB Limit:</div> <input type="checkbox"/> Transfer to Non-Designated Payee BND _____ * <input type="checkbox"/> Transfer to Designated Payee BND _____ * <input type="checkbox"/> Transfer to Own Account BND _____ * <input type="checkbox"/> Bill Payment BND _____ * <input type="checkbox"/> AutoPay / Bulk Payment BND _____ * <input type="checkbox"/> Enquiry / Payment preparation only	<div style="text-align: right;">Daily Card Limit: <i>(Max. of BND4,000):</i></div> <input type="checkbox"/> Cash Withdrawal BND _____ * <input type="checkbox"/> Local Transfer / Credit Card Payment BND _____ * <input type="checkbox"/> Bill Payment BND _____ * <input type="checkbox"/> Account Balance Enquiry <input type="checkbox"/> Account Activity Enquiry <input type="checkbox"/> Statement & Cheque Book Request
3. Authorised Delegate (i.e. persons nominated and authorised by the customer to use the Service.)	
Full Name (In BLOCK letters): _____ Please provide details on page 4/6	
Please choose the services you would like the AD to access	
<input type="checkbox"/> Business Internet Banking (BIB) <i>Please tick transactions to be accessed by the AD within this service:</i>	<input type="checkbox"/> Business ATM Card <i>Please tick transactions to be accessed by the AD within this service:</i>

Authorised Signatories to initial:

<input type="checkbox"/> Primary User <i>(at least one Primary User must be selected for BIB service)</i>	Daily Card Limit: <i>(Max. of BND4,000):</i>
<input type="checkbox"/> Transfer to Non-Designated Payee BND _____ *	<input type="checkbox"/> Cash Withdrawal BND _____ *
<input type="checkbox"/> Transfer to Designated Payee BND _____ *	<input type="checkbox"/> Local Transfer / Credit Card Payment BND _____ *
<input type="checkbox"/> Transfer to Own Account BND _____ *	<input type="checkbox"/> Bill Payment BND _____ *
<input type="checkbox"/> Bill Payment BND _____ *	<input type="checkbox"/> Account Balance Enquiry
<input type="checkbox"/> AutoPay / Bulk Payment BND _____ *	<input type="checkbox"/> Account Activity Enquiry
<input type="checkbox"/> Enquiry / Payment preparation only	<input type="checkbox"/> Statement & Cheque Book Request

4. Authorised Delegate (i.e. persons nominated and authorised by the customer to use the Service.)

Full Name (In BLOCK letters): _____ Please provide details on page 4/6

Please choose the services you would like the AD to access

<input type="checkbox"/> Business Internet Banking (BIB) <i>Please tick transactions to be accessed by the AD within this service:</i>	<input type="checkbox"/> Business ATM Card <i>Please tick transactions to be accessed by the AD within this service:</i>
<input type="checkbox"/> Primary User <i>(at least one Primary User must be selected for BIB service)</i>	Daily Card Limit: <i>(Max. of BND4,000):</i>
<input type="checkbox"/> Transfer to Non-Designated Payee BND _____ *	<input type="checkbox"/> Cash Withdrawal BND _____ *
<input type="checkbox"/> Transfer to Designated Payee BND _____ *	<input type="checkbox"/> Local Transfer / Credit Card Payment BND _____ *
<input type="checkbox"/> Transfer to Own Account BND _____ *	<input type="checkbox"/> Bill Payment BND _____ *
<input type="checkbox"/> Bill Payment BND _____ *	<input type="checkbox"/> Account Balance Enquiry
<input type="checkbox"/> AutoPay / Bulk Payment BND _____ *	<input type="checkbox"/> Account Activity Enquiry
<input type="checkbox"/> Enquiry / Payment preparation only	<input type="checkbox"/> Statement & Cheque Book Request

* Please note that if no amount is stated, the default limit size will be set at "Zero" (0). User with "Zero" limit can only view and prepare payment. Secondary User's daily limit must not be higher than any of Primary User's daily limit. If authority is given for the maximum limit as may be specified by HSBC from time to time, please state "Maximum" in space provided. Please note that the Company's Maximum Daily Limit will be defaulted to the highest limit accorded to any of your Users, unless otherwise stated in the Company Setup.

** This refers to the maximum amount allowable to be performed by the company as a whole for all types of transaction. This limit is recommended to be set as the total of your entire daily transaction limit for the various types of transfers.

Note: Please cross/strikeout incomplete section(s) to prevent tampering/alteration.

SECTION VI. DECLARATION

- We note that the Bank may at its discretion destroy any cheques for other documents relating to the account after microfilming the same.
- We agree to ensure that all cheque books issued to us will be kept in a locked and secure place at all times and at no time should any cheque be pre-signed.
- We agree that the Bank may without notice combine or consolidate our account(s) with and liabilities to the Bank and set-off or transfer any sum(s) standing to the credit of any such accounts or any other account or any other sum(s) owing to us from the Bank in or towards satisfaction of our liabilities to the Bank on any other account in any other respect whether such liabilities be actual or contingent primary or collateral and several or joint and that the Bank's rights hereunder shall not be affected by our death or the death of any one or more of us.
- We understand that in the absence of any special arrangement the Bank is not required to honour any cheques drawn by us if in doing so the account would be overdrawn and in this circumstance the Bank has the right to debit our account with the charge for each cheque withdrawn.
- We agree that no interest will be allowed by the Bank on credit balances in our favour available in our current account(s) and we undertake to repay the Bank on demand and unconditionally the amount of overdrafts, which the Bank may grant us, any overdraft facilities whatsoever.
- We hereby acknowledge the need to exercise care when drawing cheques and agree that we will not draw cheques by any means which may enable a cheque to be altered in a manner which is not readily detectable.
- We confirm that we have read or will read prior to drawing any cheques, the conditions subject to which cheque books are currently issued as printed on the inside of the back cover of the cheque book and agree to be bound by such conditions or such other conditions relating thereto from time to time in force.
- I / We acknowledge that the Bank reserves the right to impose and revise service fees and / or other charges from time to time and at such rates as the Bank in its absolute discretion thinks fit.
- For Investment Account holders, I / we agree that the Account shall be subject to the terms and conditions contained in the Account Documentation as applicable from time to time. I / We confirm that I / we have received and understood to my / our satisfaction the Risk Disclosure Statement, General Terms and Conditions for Investment Accounts, the Custodian Services Agreement and the Product Conditions from time to time applicable. In the event of a conflict between the provisions of the Account Documentation and the Product Conditions, the Product Conditions shall prevail.
- I / We wish to apply for the services indicated in this application form ("Account Services") and hereby acknowledge that the use of the Services is subject to the HSBC General Terms and Conditions, BusinessVantage Terms and Conditions, Business Internet Banking Terms and Conditions, Business ATM Card Terms and Conditions for Commercial Banking and any other respective terms and conditions relating to the use of the Services (available at www.hsbc.com.bn). I / We have read and agree to be bound by the same (including all amendments thereto from time to time).
- I / We acknowledge that I / we remain bound by all transactions effected through the Services whether or not the named users of the Services are the account signatories.

** To be signed by:
 For Sole Proprietorship - The Sole Proprietor
 For Partnership - The Partner(s) authorised by the partnership resolution
 For Limited Company - The person(s) authorised by a Board resolution
 For Registered Club / Society / Association - The Office-Bearer(s) authorised by the governing body

Authorised Signatories to initial:

SECTION VII. INFORMATION OF DIRECTORS / OWNERS / PARTNERS / SIGNATORIES / PRINCIPAL SHAREHOLDER / DELEGATES / USERS

Registered Name: _____

NOTE: All personal details of person(s) mentioned in the Business Account Application Form and Signature must be completed in this section.

(Please nominate a person as your primary contact for account-related matter.)

<input type="checkbox"/> Contact Person <input type="checkbox"/> Director <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Signatory <input type="checkbox"/> Principal Shareholder <input type="checkbox"/> Delegate / User	Name: _____ Former Name <i>(if any)</i> : _____ Other Name <i>(if any)</i> : _____ Occupation: _____ Nationality: _____ Date of birth: _____ IC No.: _____ Tel / Mobile No.: _____ Fax No.: _____ Personal address: _____ _____ Postcode: _____	Signature: _____
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<input type="checkbox"/> Contact Person <input type="checkbox"/> Director <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Signatory <input type="checkbox"/> Principal Shareholder <input type="checkbox"/> Delegate / User	Name: _____ Former Name <i>(if any)</i> : _____ Other Name <i>(if any)</i> : _____ Occupation: _____ Nationality: _____ Date of birth: _____ IC No.: _____ Tel / Mobile No.: _____ Fax No.: _____ Personal address: _____ _____ Postcode: _____	Signature: _____
--	--	------------------

<input type="checkbox"/> Contact Person <input type="checkbox"/> Director <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Signatory <input type="checkbox"/> Principal Shareholder <input type="checkbox"/> Delegate / User	Name: _____ Former Name <i>(if any)</i> : _____ Other Name <i>(if any)</i> : _____ Occupation: _____ Nationality: _____ Date of birth: _____ IC No.: _____ Tel / Mobile No.: _____ Fax No.: _____ Personal address: _____ _____ Postcode: _____	Signature: _____
--	--	------------------

<input type="checkbox"/> Contact Person <input type="checkbox"/> Director <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Signatory <input type="checkbox"/> Principal Shareholder <input type="checkbox"/> Delegate / User	Name: _____ Former Name <i>(if any)</i> : _____ Other Name <i>(if any)</i> : _____ Occupation: _____ Nationality: _____ Date of birth: _____ IC No.: _____ Tel / Mobile No.: _____ Fax No.: _____ Personal address: _____ _____ Postcode: _____	Signature: _____
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Authorised Signatories to initial:

- Contact Person
- Director
- Owner
- Partner
- Signatory
- Principal Shareholder
- Delegate / User

Name: _____

Former Name (if any): _____ Other Name (if any): _____

Occupation: _____ Nationality: _____

Date of birth: _____ IC No.: _____

Tel / Mobile No.: _____ Fax No.: _____

Personal address : _____

Postcode: _____

Signature: _____

- Contact Person
- Director
- Owner
- Partner
- Signatory
- Principal Shareholder
- Delegate / User

Name: _____

Former Name (if any): _____ Other Name (if any): _____

Occupation: _____ Nationality: _____

Date of birth: _____ IC No.: _____

Tel / Mobile No.: _____ Fax No.: _____

Personal address: _____

Postcode: _____

Signature: _____

- Contact Person
- Director
- Owner
- Partner
- Signatory
- Principal Shareholder
- Delegate / User

Name: _____

Former Name (if any): _____ Other Name (if any): _____

Occupation: _____ Nationality: _____

Date of birth: _____ IC No.: _____

Tel / Mobile No.: _____ Fax No.: _____

Personal address: _____

Postcode: _____

Signature: _____

- Contact Person
- Director
- Owner
- Partner
- Signatory
- Principal Shareholder
- Delegate / User

Name: _____

Former Name (if any): _____ Other Name (if any): _____

Occupation: _____ Nationality: _____

Date of birth: _____ IC No.: _____

Tel / Mobile No.: _____ Fax No.: _____

Personal address: _____

Postcode: _____

Signature: _____

I / We have been advised of the account charges.

SECTION VIII. FOR BANK USE ONLY

Market Sector <input style="width: 100%;" type="text"/>	Authorised Signature / Initial: _____ Date: _____
GHO Customer Classification <input style="width: 100%;" type="text"/>	
Account Office ID <input style="width: 100%;" type="text"/>	

Authorised Signatories to initial: