

Internet Banking for Entities Increase Limit For Regular Payees

Complete the form using blue or black pen and print in clear CAPITAL LETTERS

Complete this form to increase the Administrators/Users for this transac		nr payees	OR to increase the limit for
Mail the completed form to: GI	PO Box 5302, SYDNEY NSW 2001	OR	Fax to: 1300 765 150
ENTITY DETAILS			
Entity customer number (9 digits)	Registered name		
ABN (if applicable)	Contact phone number		

LIMIT TRANSFERS TO REGULAR PAYEES

Specify the total daily transaction limit for all transfers to regular payees (i.e. pre-designated transfers) for the **entity as a whole**

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NOMINATED PAYEE DETAILS

Give details of payee(s) to whom you wish to make regular payments

	Nominated payee 1	Nominated payee 2
Account name		
Bank name		
BSB		
Account number		
Details for your		
account		
Details for		
beneficiary		

If the account is not held in Australia the following details are also required

Currency		
IBAN/BIC/ Local bank code		
Description/ Narrative		
Type of Transfer * (Select one box only)	 Telegraphic Transfer Local Payment Local Telegraphic Transfer 	 Telegraphic Transfer Local Payment Local Telegraphic Transfer

* Refer to Fees and Charges Guide for applicable fees

ENTITY ADMINISTRATOR'S DAILY TRANSACTION LIMIT

First name(s)

Surname

Specify the daily transaction limit for transfers between EFT account and regular payees (i.e. pre-designated accounts) for the **Administrator**.

This daily limit will apply to the Administrator and must be lower or equal to the entity limits. Once a limit is assigned to the Administrator they can assign limits to Users.

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DECLARATION AND AUTHORISATION

By signing below, the Account holder hereby acknowledges and agrees that this form contains:

- · its instructions to HSBC about an Administrator's daily transaction limit;
- its instructions in regards to the total daily limit for pre designated transfers for the Account holder as a whole; and/or
- the details of nominated Payee(s) to whom regular payments will be made.

and that the limits and instructions contained in this form will be binding upon the Account holder pursuant to the terms and conditions of the HSBC Business Internet Banking Product Disclosure Statement.

SIGNATORY 1

SIGNATORY 2

Signature	Date	Signature	Date
×	DD/MM/YY	×	DD/MM/YY
Name		Name	
Office/Title		Office/Title	

Office Use Only

SV Checking officer name	Signature	Date	. / /
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