

Business Account Signature Signing Instructions

Customer Checklist

To help us act on your request as soon as possible please ensure all documents outlined below are submitted to the bank. When submitting documents to us please ensure the following:

- All original document must be sighted by a bank official upon submission.
- All sections of the forms should be completed. Any missing information may cause a delay in updating our records.
- Any accounts that have not been operational for over one year will not be updated with the new signing instructions for security reasons.
- If there are any additional documentation requirements you will be contacted by a bank official.

Checklist

No	Documents	Check (<input type="checkbox"/> or <input type="checkbox"/>)
1	Complete the Business Account Signing instructions form	
2	Complete the New Signatory Details form	
3	Provide Passport Copies and respective Visa Page Copies	
4	All account suffixes are written on the specimen signature card	
5	Forms to be signed in accordance to the mandate by an existing authorised signatory having operations and delegation powers. If the powers are derived through POA or BR the document to be attached	
6	Please ensure you have provided us with your updated Trade Licence. If not, please submit.	

Business Account Signature Signing Instructions

The Manager,
HSBC Bank Middle East Limited

Date:

Branch _____

Account Title _____

Account Number(s) _____

We give below signatories and their signing instructions for operations of our above account(s). Kindly update your records and follow these instructions with immediate effect:

Add the following signatories (please sign within the outline of the boxes and cross out blank boxes):

Name of signatory (as per passport):	Name of signatory (as per passport):
Category, if any:	Category, if any:
Name of signatory (as per passport):	Name of signatory (as per passport):
Category, if any:	Category, if any:

New Signing Instructions
 Amendment to existing Signing Instructions
 (tick as applicable)

Name of Category	Signing Instruction

Delete the following Signatories	
Name of the Signatory	

Authorised Signatories under Company Stamp

Bank / Branch Stamp
& Authorised Signature



New Signatory Details Form

Customer Name _____ Account Number _____

Please provide details of new signatories:

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
2. Permanent Residential Address _____ _____	2. Permanent Residential Address _____ _____
3. Date moved into Address _____	3. Date moved into Address _____
*Previous Address _____ _____	*Previous Address _____ _____
Locator/Mailing Address _____ _____	Locator/Mailing Address _____ _____
Position/Title _____	Position/Title _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Nationality(ies) _____	Nationality(ies) _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Identification doc number _____	Identification doc number _____
4. **Stock Exchange _____	4. **Stock Exchange _____
**Stock number _____	**Stock number _____
**Regulatory body _____	**Regulatory body _____
**Regulation number _____	**Regulation number _____

*to be answered if time at permanent residential address is less than 3 years
 **if applicable

Date _____

New Signatory Details Form

Customer Name _____ Account Number _____

Please provide details of new signatories:

1. Full Name _____	1. Full Name _____
Previous Name/Trading As Name _____	Previous Name/Trading As Name _____
2. Permanent Residential Address _____ _____	2. Permanent Residential Address _____ _____
3. Date moved into Address _____	3. Date moved into Address _____
*Previous Address _____ _____	*Previous Address _____ _____
Locator/Mailing Address _____ _____	Locator/Mailing Address _____ _____
Position/Title _____	Position/Title _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth _____	Date of Birth _____
Place of Birth _____	Place of Birth _____
Nationality(ies) _____	Nationality(ies) _____
Phone Number _____	Phone Number _____
Email Address _____	Email Address _____
Identification doc number _____	Identification doc number _____
4. **Stock Exchange _____	4. **Stock Exchange _____
**Stock number _____	**Stock number _____
**Regulatory body _____	**Regulatory body _____
**Regulation number _____	**Regulation number _____

*to be answered if time at permanent residential address is less than 3 years
 **if applicable

Date _____

Are any of the individuals identified in the above sections considered to be influential politically, politically exposed, or holding any position in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below.

Full Name	Current Position	Previous Positions (Dates held until)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the individuals identified in the above sections have any close associates/immediate family members of a person considered to be influential politically or politically exposed or holding any in the Executive, Legislative, Military or Judicial sectors of a Government? If yes, please provide further information below

Full Name	Relationship to Close Associate or Family Member	Current Position of Close Associate/ Family Member	Previous Positions of Close Associate/ Family Member (Dates held until)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

By completing/declaring the details above (to be signed by Authorised Signatories as per Account Mandate):

- We hereby certify that all information provided herein above are true and correct as of the signature date.
- We undertake to notify the bank of any changes to the information provided.

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____

Signature of Authorised Signatory _____

Name of the Authorised Signatory: _____

Position in the Company: _____

Date: _____ Company Seal: _____