

Alternate Channel Application Form

Important Note

*Unless defined otherwise in the form, the accountholder to be referred to as 'the Entity'

This form is to be used by existing accountholders to:

1. Add new delegates for PhoneBanking and Mobile Alerts.
2. Order new debit cards for either new or existing delegates.
3. Activate new services for existing delegates e.g. if an existing delegate already has debit card, this form can be used to activate the HSBC PhoneBanking services for the delegate.
4. Modify user entitlements for existing delegates on Business Internet Banking, e.g. Limit enhancement or new account additions.

How to Fill the Form

1. Fill the form in **CAPITAL** letters.
2. Sign in **BLACK** ink only.
3. Authenticate any overwriting/cancellations.
4. Submit original documents for verification against each photocopy submitted.
5. Please refer to www.hsbc.co.in for HSBC's approved list of Proof of Identity (PI) and Proof of Address (PA) for individuals.

This form is for existing customers of The Hongkong and Shanghai Banking Corporation Limited (the 'Bank'). If you are not an existing customer you are requested to fill up the Account Opening Form.

In addition to the facilities already being availed by the entity, the entity would like to avail of certain additional facilities being provided by the Bank for its current account. Accordingly, the entity instructs/confirms and agrees as below:

Section 1: Authorised Users Information for HSBC PhoneBanking/Debit Card/Mobile Alerts

Name of the Entity: _____

Customer Number:

Account Number(s) to be added:

1. Account Number: --

2. Account Number: --

Select the services for which Account Number(s) are to be added (Delegate Level Controls):

Business Debit Card Business PhoneBanking Mobile Alert Facility

		Delegate 1	Delegate 2	Delegate 3
	Personal Information			
1.	Existing EBN (if any)			
2.	For changes in Debit Card, please mention the last 4 digits of your existing Debit Card number			
3.	First Name			
	Middle Name			
	Last Name			
	Former or Other Name*			
4.	Designation			
5.	E-mail ID			
6.	Mobile No. (Mobile no. will be used for sending mobile alerts)			
7.	Telephone			
	Landline 1			
	Landline 2			
	Fax			
8.	PAN No.			
9.	Residential Address (PIN code mandatory)			
		PIN: <input style="width: 50px; border: 1px solid black;" type="text"/>	PIN: <input style="width: 50px; border: 1px solid black;" type="text"/>	PIN: <input style="width: 50px; border: 1px solid black;" type="text"/>
10.	Permanent Address (If different from residential address)			
		PIN: <input style="width: 50px; border: 1px solid black;" type="text"/>	PIN: <input style="width: 50px; border: 1px solid black;" type="text"/>	PIN: <input style="width: 50px; border: 1px solid black;" type="text"/>

11.	Correspondence Address (PIN code mandatory) (Deliverables for delegates will be despatched on this address)			
		PIN: <input type="text"/>	PIN: <input type="text"/>	PIN: <input type="text"/>
12.	Nationality			
12 a.	Personal Identification (PI) Document Type			
12 b.	Personal Identification (PI) Document Number			
13.	Date of Birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
14.	Services to be availed by the Delegate (tick wherever applicable - Please refer Annexure I for details)			
14 a.	Business Debit Card (Please tick the access required – Any one) SELECT DEBIT CARD ACCESS, IF LEFT BLANK, THEN DOMESTIC ACCESS WILL BE PROVIDED	<input type="checkbox"/> International Access <input type="checkbox"/> Domestic Access	<input type="checkbox"/> International Access <input type="checkbox"/> Domestic Access	<input type="checkbox"/> International Access <input type="checkbox"/> Domestic Access
14 b.	Business PhoneBanking (BPB)	<input type="checkbox"/> Enquiry <input type="checkbox"/> Enquiry and Transaction	<input type="checkbox"/> Enquiry <input type="checkbox"/> Enquiry and Transaction	<input type="checkbox"/> Enquiry <input type="checkbox"/> Enquiry and Transaction
14 c.	Mobile Alerts for Business			

Mobile Alerts

Current Account (Fill amount in space provided)

- Credit > Amount
_____ (eg. If you fill in ₹5,000 you shall receive an alert every time your account is credited with an amount of ₹5,000 or more)
- Debit < Amount
_____ (eg. If you fill in ₹5,000 you shall receive an alert every time an amount of ₹5,000 or more is debited from your account)
- Balance > Amount
_____ (eg. If you fill in ₹75,000 you shall receive an alert every time your account balance goes above ₹75,000)
- Balance < Amount
_____ (eg. If you fill in ₹75,000 you shall receive an alert every time your account balance falls below ₹75,000)

15.	Daily PhoneBanking Transaction Limits [Enter transaction limit as required, if left blank default limit will be provided] (refer Annexure 1)			
15 a.	Inter Account Transfers (Maximum Limit - ₹1 crore per day)			
15 b.	Payment to Pre-designated Beneficiary** (Maximum Limit - ₹2.5 lakhs per day)			
15 c.	Payment to Third Party® (Maximum Limit - ₹50,000 per day)			
16.	Register Third Party Pre-designated Beneficiary - 1 (Within HSBC for PhoneBanking only)		Register Third Party Pre-designated Beneficiary - 2 (Within HSBC for PhoneBanking only)	
	Beneficiary Name: _____		Beneficiary Name: _____	
	Beneficiary Current Account Number: _____		Beneficiary Current Account Number: _____	
17.	Signature of Delegates (#)			
18.	Photograph of Delegates (To be signed across the photograph)	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">Delegate to sign across the photograph</div>	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">Delegate to sign across the photograph</div>	<div style="border: 1px solid black; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center;">Delegate to sign across the photograph</div>

*Please submit supporting documents whenever 'former' or 'other name' is provided.

**To avail this facility, please register beneficiary by filling in point number 15 of the table above.

®Third Party Payment limit: ₹50,000 (including Cashier's Order and Demand Drafts).

Declaration/Consent

I/We agree and confirm that the Account Opening Form/Business Alternate Channel Application Form accepted by us earlier in relation to the aforesaid current account shall be read along with this Channel Application Form and save and except any contrary terms provided herein, all other terms, conditions, declarations, consents and provisions of the Business Alternate Channel Application Form accepted for the aforesaid current account, shall remain unchanged and binding on us.

I/We hereby agree to the contents of this form and confirm all details provided therein are true.

**#Signature (with rubber stamp) of Chairman/All Trustees/All partners/Karta/Sole Proprietor/
All Joint Holders/Authorised Signatory/(ies) as per the Board Resolution/Mandate**



Place: _____ Date: _____

#Please provide a self attested copy of the PAN as signature proof. PAN copy is not required in case the person is already an authorised signatory in any of the aforesaid account(s).