



## BUSINESS OUTGOING WIRE REQUEST FORM

DEBIT ACCOUNT INFORMA	ATION Please complete the 'Value date' and 'An	nount in figure	s' fields with	out touching the l	ines. (mandatory fields are noted with*)		
Account name				Value date (DD/I	MMM/YYYY)		
Account number to be debited					/		
Currency of debit account	□ BMD □ USD □ GBF		CAD	EUR	Other		
Amount in figures	Complete either debit amount or beneficiary amount below						
Amount in words							
Purpose of Payment*							
Ordering Party Name*	Ordering Party Account Number*						
Ordering Party Address							
Third party charges  If left blank, default will be "Shared"	Shared (default) Remitter pays Beneficiary pays Source of Funds						
BENEFICIARY DETAILS (ma	andatory fields are noted with *)						
Beneficiary name*							
Beneficiary address*							
Beneficiary account number* or IBAN							
Currency of beneficiary account*	BMD USD GBF		CAD	☐ EUR	Other		
Amount in figures	Complete either beneficiary amount or debit amount above						
Amount in words							
Beneficiary bank *	Name:*	Beneficiary SWIFT/Sort C ID/Chips UID		с.			
	Address:		Branch:				
	Parish/State/Province:		Country:*				
Payment details: Not to exceed 3 lines of 35 characters							
INTERMEDIARY BANK INF							
Intermediary bank	Name:		Intermediary bank code:  SWIFT/Sort Code/Fedwire  ID/Chips UID/Canadian Transit etc.				
Address:		Branch:					
	Parish/State/Province:	Country:					
DECLARATIONS & SIGNAT I/We hereby confirm that I/we have rea	URES* and and agree to be bound by all applicable HSBC Bank Bermu	ıda Limited terms a	nd conditions ar	nd any changes that ma	ay occur from time to time.		
Authorised signatory (print full name)		Authorised signatory (print full name)					
Signature		Signature					
Date of signature (DD/MMM/YYYY)		Date of signature (DD/MMM/YYYY)					

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Currency Account number					
(CSU) Signature verified by	(CSU) Payment created by	Booked out	☐ Yes	(RM) Approved / Verified	(RM) Approved / Verified
Signature Signature	Signature Signature	Indemnity on file		Signature	Signature
		Name / Ext			
Date / Time	Date / Time			Date / Time	Date / Time

## **Definitions**

Authorised Signatory: This signature must be identical to the signing authority of the Debit account including two signatures if required.

Amount in Figures: The amount that is being remitted or the amount that should be debited from the 'Debit account number'.

Amount in Words: The amount that is being remitted or the amount that should be debited from the 'Debit account number', written in full.

Beneficiary Account Number or IBAN: The account identifying number assigned to the beneficiary account by the Beneficiary Bank. IBAN (International Bank Account Number) is an internationally recognised ISO standard, used to identify the beneficiary party of a transaction.

Beneficiary Address: Address of the beneficiary of the payment.

Beneficiary Bank: Name of the bank at which the beneficiary holds his/her account or will collect the funds.

Beneficiary Bank Code: A national clearing code used within countries. Providing one of the following will facilitate the payment processing:

SWIFT address (8 or 11 character code) - Code or address for banks participating in the Society for Worldwide Interbank Financial Telecommunications payment system.

FedWire ABA (9 digit code) - Code used to identify banks within the US Federal Reserve Wire system.

CHIPS UID (6 digit code) - Code used to identify banks within New York's Clearing House Interbank Payment system.

CHAPS sort Code (6 characters) - Code to identify banks within the United Kingdom.

Beneficiary Name: Full name of beneficiary of the payment.

Debit Account Name: The full name of the account to debit.

Debit Account Number: The 12 digit account number of the account held with HSBC Bank Bermuda Limited (the "Bank") that should be debited for the wire transfer.

Payment Details: Any information to be passed on to the beneficiary such as invoice numbers, policy numbers, etc. This information is used by the beneficiary to apply the payment.

Remittance Currency: The currency of the funds being remitted. If the three letter currency code is unknown, specify the currency name in full.

Source of Funds: The origin of the payment amount due to be sent to the beneficiary.

Third Party Charges: Indicate whether foreign bank charges, payable in some situations, are to be shared between the remitter and the beneficiary (Bank default), or the responsibility of the remitter only, or the responsibility of the beneficiary only.

Note: If 'Remitter pays' is selected you will be required to pay any related fees that the Bank of Bermuda is subsequently charged by the foreign bank.

Value Date: The date from which items are deemed by the Bank to be credited or debited to an Account for the purpose of calculating any debit or credit interest payment.

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