



To,
The Manager
The Hongkong and Shanghai Banking Corporation Limited, India

Date: 25/06/2025

Subject: Letter of Mandate on the savings account in my name with the Bank.

Dear Sir/Ma'am,

I, Mr./Ms. Pavan Anandrao Patil, have applied for opening a savings account(s) with the Bank which has been proposed to be opened by me in relation to an education loan availed by me from Avanse Financial Services Ltd. (AVANSE). In consideration of the said loan availed by me from AVANSE and as required by AVANSE, I hereby under my own volition without any duress, irrevocably instruct you as follows for the savings account ending with suffix '006' proposed to be opened as hereunder:

Application ID	
PAN Number	<u>HGKPP8743Q</u>

1. To take this letter as a standing instruction/mandate to place a debit restriction on the said savings account ending with suffix '006'.
2. I hereby authorise AVANSE (the mandate holder) to instruct HSBC to release the funds held under the said savings account and pay to AVANSE/or the specified third party as instructed by AVANSE, in multiple tranches as requested by AVANSE without reference to me or seeking reasons from AVANSE for the demand so made at any future dates.
3. To temporarily remove the debit freeze for the release of each tranche and after release of each tranche the account shall be again placed under debit restriction.
4. The debit restrictions will continue till such time the account is in Nil balance and thereafter maybe closed as per instructions provided.
5. I understand that as part of the arrangement to allow AVANSE to maintain oversight over the loan disbursed amount, AVANSE would require HSBC to share such details with them regarding my account such as my name as updated in the Bank records, account number, account status (debit restriction status) and account balance. I agree and hereby authorise HSBC to share these details with AVANSE till the account continues to exist.
6. I hereby agree and confirm that any statutory/regulatory attachment will stand in priority to the debit restrictions placed in the account and the Bank is entitled to act basis the instructions received from such statutory authority/regulator/law enforcement agency.
7. I agree and acknowledge that acting upon the aforesaid instructions shall be at the sole and absolute discretion of the Bank and will be subject to the Account terms and conditions as made available on the HSBC India website www.hsbc.co.in
8. I hereby agree that HSBC India will hereby act upon instructions received from AVANSE and I hereby unconditionally and irrevocably authorise HSBC India to accept and act upon all or any such instructions (E-mail or otherwise) given or deemed to have been given by AVANSE in relation to the said savings account.
9. I hereby agree to indemnify and keep HSBC India harmless from all actions, proceedings, claims, losses, damages, costs and expenses which may be brought against, suffered or incurred by HSBC India and which shall arise directly or indirectly out of or in connection with HSBC India accepting and acting upon instructions (E-mail or otherwise) received from AVANSE in relation to the said savings account.

Thanking you,

Name of the customer: PATIL PAVAN ANANDRAO

Place: KOLHAPUR

Signature: Patil

Mandate holder:

Name of the AVANSE employee: _____

Place: _____

Signature and Company Seal: _____

(Kindly write the below statement on a blank paper and send a scanned copy for account opening purpose)

To,

HSBC India.

PATIL PAVAN ANANDRAO

I, (full name as per Passport), have applied for an account opening with HSBC through online video KYC process and would like to use the below signature for my account records. Thank you.

PATIL PAVAN ANANDRAO

(Your Name)

(Signature)

Patil

Form **W-8BEN**

(Rev. October 2021)

Department of the Treasury
Internal Revenue Service**Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)**

- For use by individuals. Entities must use Form W-8BEN-E.
► Go to www.irs.gov/FormW8BEN for instructions and the latest information.
► Give this form to the withholding agent or payer. Do not send to the IRS.

OMB No. 1545-1621

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner PATIL PAVAN ANANDRAO	2 Country of citizenship india
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address. Men Road, UTC: Kurukali, PO: Sonage, Sub District: Kagal, City or town, state or province. Include postal code where appropriate. District: Kolhapur, State: Maharashtra, Pin Code: 416235 india	
4 Mailing address (if different from above)	Country
City or town, state or province. Include postal code where appropriate.	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)	

6a Foreign tax identifying number (see instructions) HGKPP8743Q	6b Check if FTIN not legally required <input type="checkbox"/>
7 Reference number(s) (see instructions)	8 Date of birth (MM-DD-YYYY) (see instructions) October - 09 - 2004

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of **india** within the meaning of the income tax treaty between the United States and that country.

10 **Special rates and conditions** (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph of the treaty identified on line 9 above to claim a % rate of withholding on (specify type of income):

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding:

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.

☒ I certify that I have the capacity to sign for the person identified on line 1 of this form.

Sign Here

Patil
Signature of beneficial owner (or individual authorized to sign for beneficial owner)
PATIL PAVAN ANANDRAO
Print name of signer

July - 25 - 2025
Date (MM-DD-YYYY)

Date: 25/06/2025

To

The Branch Manager

The Hong Kong and Shanghai Banking Corporation Limited, India

Sub: Conversion of Resident account (s) to Non Resident Ordinary

Dear Sir,

Owing to the change of my / our current residential status from Resident to Non-Resident, I / We would like to re-designate the following Resident account/s mentioned below held with The Hong Kong and Shanghai Banking Corporation Limited, India ("Bank")

Account Nos. - _____

I / We confirm that I/We will enclose the below information / documents within 6 months of this request via my / our registered email or will be shared by AVANSE on my/our behalf-

- The work permit/visa proof of Non-Resident status.
- Mobile number in overseas

I/We confirm that my/our overseas residence address will be as per the University Address provided in the University acceptance letter provided to bank at the time of account opening. The address will be as below:

Dublin Business School, 13/14 Augier Street Dublin 2, Ireland, D02.W1C04

I / We confirm that since I am moving to overseas for education will not be able to provide the Tax identification number (TIN) since I am not eligible. In absence of my TIN, following functional equivalent can be considered.

Functional Equivalent (if applicable)

Further, I /we will provide TIN to the bank once the same is obtained.

I/We understand that the Bank is relying on the above mentioned overseas address and TIN/functional equivalent details for the purpose of FATCA/CRS reporting on conversion of account from resident to non-resident effective within 6 months from the date of this form or at the time of submission of my visa, whichever is earlier.

I/We certify that above mentioned information/certification is true, correct and complete to the best of my/our knowledge and belief.

I/We agree to indemnify the bank for any loss/penalty incurred due to incorrect information/details provided by me/us.

I / We understand that this request is valid for a period of 6 months and I / we authorize the Bank to execute my request of account conversion of my resident account to Non-Resident Ordinary (NRO) provided I / we submit the above documents to the satisfaction of the Bank.

In case I / We/Avanse are not able to provide the visa copy within the stipulated period of 6 months, I hereby authorize the bank to proceed with the account conversion of my resident account to Non-Resident Ordinary (NRO) basis the details provided herein and at the time of account opening. I / We understand that visa copy will subsequently need to be provided either by me/us or Avanse. I understand that any other account held by me/us with suffix '007' will also be converted and blocked for any debits/credits until such time the visa is provided to the bank.

RESTRICTED

In case of my inability to provide this information I / we understand that my / our account will continue to remain as a resident account.

I / We understand that it is my / our responsibility to intimate the bank in case of any change in my / our residential status and /or overseas residential address

I / We understand that this request form is valid for a period of six months from the date hereinabove.

I / We request you send new debit card and cheque book".

I / We also confirm that I / we have read and understood the conditions mentioned overleaf.

Thanking you,

PATIL PAVAN - ANANDRAO

Patil

(Name & Signature of all account holders)

Important points to note:

I understand that:

- 1) The following documents have been submitted by me/us at the time of account opening
 - ✓ Completed Account Opening Form at time of onboarding.
 - ✓ KYC documents for Non – Resident conversion as per the NRI Account Opening form –
 - Passport size photograph for (each) applicant
 - Attested photocopies of the passport of (each) applicant of pages containing passport details
 - In case of minors, a photocopy of guardian's passport and guardian's photograph signed on the application form.
 - Proof of address for (each) applicant
 - For employees of foreign shipping company/merchant navy, the following documents are required in addition to proof of residential address:
 - For permanent employees – initial work contract and last wage slip
 - For contract employees – current work contract with a letter from local agent confirming next date of joining vessel

Conditions –

- Please note that your account number will not change with the re-designation of your existing savings account
- Post re-designation the existing standing instructions/ECS/auto debit instruction given on the account will continue to be honored.
- A separate instruction for change in residency status for demat / loan / wealth management accounts (IF ANY) to be provided to the Bank.
- **For Resident account wherein you hold existing Cheque book, the same will not be operational and a welcome pack consisting of a new Cheque book will be sent to your correspondence address.
- **If the card is already issued, the bank will be disabling the card for international usage for the NRO account and the card is not issued we will be issuing you a new Debit card.

Following are the Deliverables: -

- Personalized Cheque book
- Debit Card
- The Banking Codes and Standards Board of India Brochure.

Cheques issued prior to re-designation of the account but presented to the Bank post re-designation shall not get honored. You are requested to make alternate arrangement on the same prior to submitting the request for re-designation of account. The account holder/s indemnifies the Bank against any actions proceedings, claims and /or demands that may arise due to such dishonor.

For any assistance or more details: <https://www.hsbc.co.in/nri/products/nro-account/>

RESTRICTED

Declaration

I confirm I have no tax liability in (Country Name) as I am a student.

Ireland

Date : 25 / 06 / 2025

Contact No. : +91 9322 108023

Email ID : sp1079001@gmail.com

PATIL PAVAN ANANDRAO

Name

Patil

Signature