



## Customer Authority Forms for an HSBC Account

To add an HSBC account to The BankLink Service you need to complete two forms – the usual BankLink one, and a separate HSBC form. To make it easier BankLink has combined the two, so that when you complete the details below, they are populated correctly on both forms.

Follow these steps to sign an HSBC account up to The BankLink Service:

1. Complete the details below to ensure that all the spaces on the attached authority forms are correctly filled out
2. Print the forms out
3. Sign and date the BankLink Customer Authority, and page two of the HSBC form
4. Keep this page for your records and send the forms to your accountant

<input style="width: 95%;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
Bank Account Name (Account Title)	Service Start Month and Year

<input style="width: 60px; height: 20px;" type="text"/>	<input style="width: 95%;" type="text"/>
Bank and Branch	

<input style="width: 140px; height: 20px;" type="text"/>	<input style="width: 220px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>	<input style="width: 80px; height: 20px;" type="text"/>
Sort Code	Account Number	Client Code/Cost Code	

<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Account Signatories (please enter full names)	

Service Frequency:      Monthly                      Weekly (where available)                      Daily (where available)

Please supply the account above as a Provisional Account if it is not available from the bank

<input style="width: 95%;" type="text"/>
Address Line 1

<input style="width: 95%;" type="text"/>
Address Line 2

<input style="width: 95%;" type="text"/>
Address Line 3

<input style="width: 95%;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>
Address Line 4	Postal Code

<input style="width: 95%;" type="text"/>	<input style="width: 170px; height: 20px;" type="text"/>
Practice Name	Practice Code

# BankLink

(A Division of Media Transfer Services UK Limited)

Send completed form to:

**BankLink**  
**9 Devonshire Square**  
**London EC2M 4YF**

Name of Account		Client Code		
Account Number		Cost Code		

## BANKLINK CUSTOMER AUTHORITY

To:

The Manager,

(Bank)  
("the Bank")

(Branch)

and

The General Manager,  
Media Transfer Services UK Limited  
("BankLink")

1. I/We hereby AUTHORISE the Bank and BankLink (acting as a data processor) as at and from the first of  20  to forward all data and information (whether in written, computer readable or any other format) relating to my/our banks account/s designated above to each other and to

("my/our advisors")

Practice Code

2. About your personal information: I/We UNDERSTAND that my/our personal data and information will be transferred outside of Europe (including to New Zealand and Australia) for the purposes of BankLink and its service partners processing my/our data in order to provide the BankLink services. I/We understand that my/our personal data will be kept secure and confidential and that BankLink will not pass my/our details to third parties other than for the provision of the BankLink services. I/We UNDERSTAND that information about BankLink's privacy practices and policy can be found at: [www.banklink.co.uk/privacy](http://www.banklink.co.uk/privacy)
3. I/We UNDERSTAND that:
- no agency, partnership, joint venture or any other type of similar relationship exists between the Bank and BankLink and that the Bank accepts no responsibility for the actions of BankLink, my/our advisors or any other third party;
  - neither the Bank nor BankLink will, subject to any prohibition or limitation imposed by law, be liable for delays, non-performance, failure to perform, processing errors or any other matter or thing arising out of this authority or any agreement which the Bank or BankLink may have with my/our advisors and which occur for reasons beyond the control of respectively the Bank or BankLink, as the case may be, nor will the liability of the Bank and/or BankLink (whether jointly, severally or jointly and severally) include or extend to any loss of profit or any special, indirect or consequential loss or damage suffered by me/us.
4. I/We have the right, power and authority, and have taken all actions necessary, to execute and deliver this customer authority form. I/We confirm and agree that where the customer is a company or LLP a resolution of the company/LLP has been passed to approve the terms of this customer authority form in the best interests of the company/LLP.
5. I/We CONFIRM and agree that this customer authority form does not in any way limit or affect the existing authorities to the Bank for operations on the foregoing Account(s).
6. I/We ACKNOWLEDGE that the Bank will receive a commission from BankLink for disclosing the data and information referred to above, and that the Bank is under no obligation to me/us to supply the data and information referred to above to BankLink, and may cease to do so without notice to me/us.
7. This authority is terminable by any or both of the Bank or BankLink at any time where seven (7) days notice is given to me/us on any grounds thought fit, without rendering the Bank and/or BankLink liable in any way. Where required for legal or security reasons the Bank shall be entitled to suspend the service immediately.
8. Any revocation of this authority by me/us will not take effect until 14 days after written notice of the revocation is received by the Bank from me/us.

By signing below:

- I/We consent to my/our data being used as detailed in the 'about your personal information' section above.
- I/We authorise the Bank and BankLink to act in accordance with this customer authority form.

Dated this ..... day of ..... 20.....

.....  
(Account signatory)

.....  
(Account signatory)

.....  
(Witness)

.....  
(Witness)

# Accounts and Services Amendment Schedule

▶ Customer Details

• Full Customer Name	<input type="text"/>
• Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
• Postal Code	<input type="text"/>
• Principal Contact	<input type="text"/>

• Indicates mandatory field

▶ Agreement Authorisation

I/We refer to the HSBC*net* Customer Agreement between the Customer and the Principal Bank and confirm that the Accounts and Services Schedule shall be amended in accordance with the attached Accounts and Services Schedule and that the Terms and Conditions shall be supplemented by the Terms and Conditions attached (if any) which shall be deemed to form part of the HSBC*net* Customer Agreement as of the date set out below.

**Signed for and on behalf of the Customer**

• Full Name in BLOCK Letters	<input type="text"/>	Full Name in BLOCK Letters	<input type="text"/>
• Job Title	<input type="text"/>	Job Title	<input type="text"/>
• Signature of Authorised Representative	<input type="text"/>	Signature of Authorised Representative	<input type="text"/>
• Date	<input type="text"/>	Date	<input type="text"/>

▶ E-mail Confirmation on the HSBC*net* Amendment Schedule

If you would like to receive confirmation about the completion of the amendment, please specify the e-mail address of the contact person(s) here:

E-mail address 1	<input type="text"/>
E-mail address 2	<input type="text"/>
Amendment reference	<input type="text"/>

▶ Customer Associate

This Customer Associate section should be completed for each separate legal entity whose accounts will be reported on HSBCnet for the Customer to access. You may copy this section if you have more than one Customer Associate.

▶ Customer Details

Full Customer Name

Principal Bank  
(ie Customer's Bank)

▶ Customer Associate Details

Enter the Full legal name of the customer associate whose accounts are to be loaded to the customer's HSBCnet portfolio

Customer Associate Name

Address

Postal Code

▶ Customer Associate Letter of Authority

**To: Principal Bank** **From: Customer Associate**  
**Account Holding Bank(s) (named on the Customer Associate Accounts and Services Schedule)**

The Customer has entered into an agreement with the Principal Bank (the 'Customer Agreement') under which the Customer may use the HSBCnet system from time to time (the 'System') to access, view'on certain bank accounts. We have appointed the Customer as our agent to access our accounts defined in the attached Accounts and Services Schedule, any other accounts referred to in Clause 13.1 of the Customer Agreement, or such other accounts as may be notified to you by the Customer or Customer Associate from 'lo g'q'lo g'\*j g'":Ceeqwp#p" accordance with this Customer Associate Letter of Authority.

1. We hereby authorise the Principal Bank and the Account Holding Bank to provide the Customer with access to the Accounts, in accordance with this Customer Associate Letter of Authority.
2. We confirm the Customer is entitled to view'on and use the other services available via the System from time to time in relation to the Accounts. We confirm the Customer is entitled to agree, on our behalf, applicable terms from time to time, relating to the access and use of the Accounts.
3. We represent and warrant that we have full legal and corporate authority to appoint the Customer for the purposes stated herein.

We shall be bound by all actions of the Customer taken in respect of the Accounts and shall ratify and confirm all things done by the Customer on our behalf in accordance with the purposes stated herein.

The appointment of the Customer shall remain in full force and effect until the day following seven days after the Principal Bank receives written notice of revocation, signed by our authorised signatory or signatories, or until termination of the appointment of the Customer by operation of law.

We have taken all necessary action to authorise the entering into of this Customer Associate Letter of Authority, the person(s) who sign below have been duly authorised to sign this Customer Associate Letter of Authority, and the Customer Associate Letter of Authority and such authorisations are in accordance with the applicable constitutional documents of the Customer Associate. This Customer Associate Letter of Authority is governed by and will be construed in accordance with the Governing Law set out in the section entitled Principal Bank and Governing Law. The parties irrevocably submit to the non-exclusive jurisdiction of the courts of that named jurisdiction in respect of any proceedings which may be initiated in connection with this Customer Associate Letter of Authority.

**Signed for and on behalf of the Customer Associate**

Full Name in BLOCK Letters

Job Title

Signature of Authorised Representative

Date

Full Name in BLOCK Letters

Job Title

Signature of Authorised Representative

Date

▶ Customer Associate Accounts and Services Schedule

Customer Associate Name

Please enter the name of the account holding bank for the accounts listed below. You may copy this page if you have accounts with more than one bank.

Account Holding Bank

Please indicate below which of your accounts you wish to make available through HSBC*net* and for which Services.

Tick one of the following options. Print additional pages if your require more than one type of amendment.

If you wish to ADD the accounts listed below to your HSBC*net* profile, please tick this box ☐

If you wish to CHANGE the services available on the accounts listed below, please tick this box ☐

If you wish to DELETE the accounts listed below from your HSBC*net* profile, please tick this box ☐

If you select 'Change', the services specified will supersede the existing services entitlement for the relevant accounts.

▶ Account Details

▶ Services

• Country/Bank/Branch Name	• Bank Code	• Account Number	• Currency •	Account Title	BTR
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>
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<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>
<div></div>	<div></div>	<div></div>	<div></div>	<div></div>	<input type="checkbox"/>

**Note: Please cross through any unused boxes**

## ► Relationship Manager Sign Off – For Bank Use Only

Customer Name	<input type="text"/>
CIN Number	<input type="text"/>
Customer Type	GBFI/GBCO/GBMN/GBPS/GBMS/CMBB/ CMBM/CMCB/CMCM/CMCS/CMMS (Delete as appropriate)
Sales Manager	<input type="text"/>

### Limits

Approved daily BACS limit	£ <input type="text"/>
Approved daily Priority Payments/ Currency Transfer/Daylight	
Overdraft limit	£ <input type="text"/>
STC limit	£ <input type="text"/>
Max £750,000.00 - only applicable for STC clients	

### Sterling and Currency Limits

Currency Limits MUST be expressed in all currencies where the customer has an account and has requested payment functionality. Each currency net debit limit may be equal to but not more than the Approved daily Priority Payments/Currency Transfer/Daylight overdraft limit. Use the bank's current notional rates.

Currency Code			Net Debit Limit
G	B	P	

### Get Rate Supplementary Details

New customer to HSBC?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of foreign exchange payments per annum	<input type="text"/>
Average size of foreign exchange payment	£ <input type="text"/>

### Get Rate Limits

Daily Transaction Limit	<input type="text"/>
(within Daily Priority Payment Limit) – Cannot exceed GBP500,000	
A foreign exchange payment is any payment sent in a currency which is different to the currency of the account from which it is made eg a GBP payment from a euro account or a euro payment from a US dollar account.	

### Authorisation: I confirm that :

- The agreement and any/all Customer Associate Letters of Authority have been signed in accordance with the customers' respective bank mandates and HSBCnet signing rules
  - All required KYC Checks have been completed
  - The limits stated in this section have been approved/sanctioned and are to be placed on HSBCnet
- ☐ GTE/SDC Omnibus Counter Indemnity and associated Facility Letter is in place (tick if applicable).

RM Signature

Print Name

Date

RM Location/Sort Code

RM Telephone Number

☐ Telephony Training

☐ Training Visit

☐ E-GTE/SDC Fee £

☐ Standard Tariff ☐ E-trade Monthly Fee £

☐ Restricted Tariff ☐ Set-up Fee £

**N.B. (Please complete the invoicing form if default prices are not applicable, in the absence of information, default pricing will apply)**

Billing Account (sort code-account number)

Billing Address: As per page 1

RM Code	<input type="text"/>	Sales Manager Code	<input type="text"/>
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