



To : The Hongkong and Shanghai Banking Corporation Limited
Automatic Payments Centre, Payment Services

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| Form Number <input type="text"/> | *Total Number of Forms in Envelope <input type="text"/> |
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* Please fill in number of forms submitted in envelope. If blank, the envelope will consist of one form only.



AUTOPAY MRI3 SUBMISSION FORM

Note: Please tick where applicable.

Date (DDMMYYYY)

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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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Please process payments collections in accordance with my/our CD-ROM(s) enclosed herewith and debit credit

my/our account with the total. In submitting autoPay instructions in the form of PC CD-ROMs, I/we assure you that the CD-ROM(s) prepared by me/us is/are virus-free. I/We accept any delay in processing my/our instructions as a result of the CD-ROM(s) carrying virus, if any.

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|--------------------------------------|--|---|---|
| Company Name <input type="text"/> | Account Number <input type="text"/> | HSBCnet Profile ID (only for HSBCnet / HSBC Connect client's contingency submission) <input type="text"/> | Number of Files <input type="text"/> |
|--------------------------------------|--|---|---|

| | Value Date (DDMMYY) | Count | Payment Code | Currency Code | Amount (in cents) | Hash Total | File Name (File Type ENC) |
|----|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|---------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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| Contact Person(s) Names <input type="text"/> | Telephone Number(s) <input type="text"/> |
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| Declarations: 1. I/We understand that it is your Bank's normal practice in performing the debits and credits before the opening of business on "Value Date". I/We understand that the Bank reserves the right not to carry out any payment instructions in the event that my/our account is not in funds at the time of debit before the opening of business on "Value Date". For collections, I/we undertake to advise my/our clients regarding the amount of the collections and the date and timing of the debits to be made. 2. I/We understand that stop payment(s) is/are not allowed after the amount is credited. 3. I/We understand that the account number of the autoPay payee/payer created in the CD-ROM shall override all other instructions identifying the autoPay payee/payer herein. 4. I/We understand that if the "Value Date" of the payment/collection instruction submitted after the cut-off time will be processed on the next business day. Instruction received on Saturday will be processed on following Monday and value on Tuesday. 5. I/We understand that if the "Value Date" of the payment/collection instruction is not a business day or is the same as the submission date, the Bank will change the value date to the next business day. (The reference to "business day" means a day, other than a Saturday, Sunday or public holiday, on which banks are open for general business in Hong Kong) 6. I/We understand that the CD-ROM(s) will not be returned and will be destroyed after processing. 7. My/Our payment/collection file(s) enclosed herewith has/have been encrypted with the Bank's MRI/payroll software built-in encryption program for personal data protection. 8. My/Our CD-ROM(s) enclosed herewith only contain(s) encrypted autoPay instruction file(s) and does/do not contain any unencrypted materials or file(s) with any other data. | Authorised Signature(s) X | | | |
| | For Bank Use Only <table border="1"> <tr> <td>Follow Up Required <input type="radio"/> Yes <input type="radio"/> No</td> <td>Signature Verification</td> <td>Checker Initial</td> <td>Staff Officer/Section Head Initial</td> </tr> </table> | Follow Up Required <input type="radio"/> Yes <input type="radio"/> No | Signature Verification | Checker Initial |
| Follow Up Required <input type="radio"/> Yes <input type="radio"/> No | Signature Verification | Checker Initial | Staff Officer/Section Head Initial | |