

To: **The Hongkong and Shanghai Banking Corporation Limited**

**MANDATE FOR ACCOUNTS OF A PARTNERSHIP**

- Note:** 1. Please complete in **Block Letters** and tick where applicable.  
 2. + Please insert the full name of the authorised person(s).  
 3. All alterations to this form must be initialled by all partners.  
 4. Please note that no chop of the Firm needs to be or should be affixed to any part of this form, and even if so affixed, will not form part of the signing authority or mandate under any circumstances.

For Bank Use Only	
Account Number	
Branch Chop	

Name of Firm
Registered Address

1. We, the undersigned, being the present partners of the Firm of

hereby request and authorise the Bank to open or continue (as the case may be) a  Type of Account  account and any

other account or accounts as may be subsequently directed by us or by +

(who is/are also authorised to complete and sign all the relevant account opening forms (and any documents incidental or relating thereto) and agree any amendment to such forms and documents forms from time to time on behalf of the Firm) in the name of the Firm, for which we shall be jointly and severally liable.

2. We authorise and request the Bank save insofar as any one of us shall have given the Bank notice in writing to the contrary to honour and to comply with all cheques, promissory notes, orders, bills or receipts given or accepted on behalf of the Firm, whether the current account be in credit or overdrawn, to comply with all directions given for or in respect of any account or accounts of any kind whatsoever on behalf of the Firm, including without limitation to close such account(s), for which we shall be jointly and severally liable provided that such cheques, promissory notes, orders, bills, receipts or directions are signed or given in such form or manner or by such means as shall be acceptable to the Bank at any time and from time to time by any one of us or by + .

3. Any securities or other property of or deposited in the name of the Firm may be withdrawn and any monies may be borrowed from the Bank in the name or on behalf of the Firm, and may be secured in any manner upon any securities, monies or property of or deposited in the name of the Firm by any one of us or by +  and we will be jointly and severally responsible for the repayment of such monies with interest, costs, charges and expenses.

4. In the absence of any directions to the contrary, all accounts subsequently opened shall be operated and dealt with upon the terms set out above insofar as the same may be applicable.

5. We agree between us and with the Bank that the Firm shall not be dissolved and that the Bank shall be entitled to treat the partners or last partner, for the time being, of the Firm as having the full power to carry on the business of the Firm and to deal with its assets freely, notwithstanding any change in the constitution or name of the Firm or the membership of the Firm by death, bankruptcy, retirement, admission or otherwise or the occurrence of any event which, in the absence of such agreement between us, would dissolve the Firm and so that this authority shall remain in force, notwithstanding the occurrence of any of the above events or any other circumstances, until such time as this authority shall be revoked in writing by any one of us or the legal personal representatives or trustees of any one of us.

6. If any of the accounts is a solicitors' client account, we undertake to comply with the Solicitors' Accounts Rules (Cap. 159F) and that any withdrawal from a solicitors' client account must be made in accordance with and by a person authorised to do so pursuant to section 7A of the Solicitors' Accounts Rules (Cap. 159F). We confirm that all of the persons who are authorised to operate the solicitors' client accounts (including all named authorised signatories of the solicitors' client accounts as set out in this application/request) comply with the Solicitors' Accounts Rules (Cap. 159F).

7. The terms and agreement contained in this mandate shall prevail over any contrary agreement between us, whether or not known to the Bank.

Dated at the Hong Kong Special Administrative Region this  day of .

**All the Partners of the Firm named above**

Full Name (Including Surname, Given Name and Other Name)	Date of Birth (Day/Month/Year)	Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) <input type="text"/> <input type="checkbox"/> Residential Address <input type="text"/> <input type="checkbox"/> Permanent Address (If different from residential address) <input type="text"/>		

**X**

**For Bank Use Only**

Account Number

**All the Partners of the Firm named above (Continued)**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X****Partners Authorised to Operate the Account**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Specimen Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Specimen Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

**For Bank Use Only**

Account Number

**Partners Authorised to Operate the Account (Continued)**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Specimen Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Specimen Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X****Other Persons Authorised to Sign as above**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Specimen Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Specimen Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

Full Name ( <i>Including Surname, Given Name and Other Name</i> )	Date of Birth ( <i>Day/Month/Year</i> )  _ _ _ _ _ _ _ _ _ _	Specimen Signature
Identification Document Type <input type="checkbox"/> HK Identity Card (Permanent <input type="checkbox"/> Yes <input type="checkbox"/> No) <input type="checkbox"/> Passport <input type="checkbox"/> Others:	Number	
Complete the information and tick for the PROOFS enclosed <input type="checkbox"/> Nationality (Country/Region) _____ <input type="checkbox"/> Residential Address _____ <input type="checkbox"/> Permanent Address (If different from residential address) _____		

**X**

譯文

(此譯文僅供客戶參考，不能用以簽署)

銀行專用
Account Number
Branch Chop

致：香港上海滙豐銀行有限公司

合夥戶口授權書

- 注意：
1. 請用正楷填寫並在適當的地方加上別號。
  2. + 請填寫授權人士的全名。
  3. 凡經修改之處，必須由全體合夥人簡簽。
  4. 閣下毋須亦不應在本表格的任何部分蓋上商號印章。在任何情況下，所蓋上的商號印章將不會構成授權簽署的一部分。

商號名稱
登記地址

1. 本人等為  的當前合夥人。

茲要求並授權貴行開立或續開 (按具體情況) —  戶口，

及於日後經本人等或 +  的指示，開立其他戶口，並授權該人代表本號填寫及簽署開戶書 (及任何有關附帶文件)，及代表本號隨時或不時接受任何開戶書 (及 / 或任何有關附帶文件) 的更改，本人等均願負共同及連帶的責任。

2. 本人等又授權並要求貴行，除本人等中的一人有相反的書面指示外，兌現及履付由代表本號簽發的所有支票、期票及其他付款指示，以及所有經本號承兌的票據，而不論本號的往來戶口是否存有餘額或已透支；另履行由代表本號所發出與任何戶口有關的各種指示，包括但不限於取消該等戶口的指示，並接受及處理存入以本號名義開立的戶口的款項，或貴行應支付給以本號名義開立的戶口的款項，本人等均願負上該指示共同及連帶的責任，惟該等支票、期票、本票 / 匯票、票據、指示或收據等，均需經本人等的任何一人或經 +  簽署，方為有效。

3. 本人等的任何一人或 +  均得收回本號所有或用本號名義存放在貴行的抵押物品或其他財物；亦得用本號的名義，以任何抵押品、或以任何用本號名義存放於貴行的款項或財物，向貴行借貸款項，本人等均願共同及連帶負責償還該項借款、利息、手續費及其他費用。

4. 如無相反的指示，此後所開立的各種戶口，均按上述各項的規定，相應處理。

5. 本人等茲同意不論本號的組織或名稱或合夥人因死亡、破產、退休、新合夥人加入或其他任何事故發生 (若無本協議，該等事故可令本號解散者) 而有任何改變，本號將不得解散，而貴行有權視本號當時的合夥人或最後合夥人具有全權經營本號業務及隨意處理其資產。此項授權將保持有效，不論是否發生任何上述事故或任何其他情況，直至本人等的任何一人或其法定代表或受託人以書面撤銷此項授權為止。

6. 如任何戶口為律師之當事人帳戶，本人等承諾遵守《律師帳目規則》(第 159F 章)，並且從律師之當事人帳戶中提取任何款項，必須根據《律師帳目規則》(第 159F 章) 第 7A 條進行並由根據該規則而獲授權人士進行。本人等確認，獲授權操作律師之當事人帳戶的所有人士 (包括本申請 / 要求所載律師之當事人帳戶的所有指定獲授權簽署人)，均遵守《律師帳目規則》(第 159F 章)。

7. 本人等若有任何相反協議，不論貴行知悉與否，均以本授權書的條款為準。

日期：香港特別行政區  年  月  日。

上述商號全體合夥人

全名 (包括姓、名及其他名)	出生日期 (日 / 月 / 年)	簽署
身分證證明文件種類 <input type="checkbox"/> 香港身分證 (永久 <input type="checkbox"/> 是 <input type="checkbox"/> 否) <input type="checkbox"/> 護照 <input type="checkbox"/> 其他：	號碼	<b>請在英文本簽署</b>
在已附上的證明文件旁邊加別號並填寫有關資料		
<input type="checkbox"/> 國籍 (國家 / 地區) <input type="text"/> <input type="checkbox"/> 住宅地址 <input type="text"/> <input type="checkbox"/> 永久住址 (如與住宅地址不同) <input type="text"/>		



<b>銀行專用</b>
Account Number

**合夥人授權運用戶口 (續)**

全名 (包括姓、名及其他名)	出生日期 (日/月/年)	簽署式樣
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
身分證明文件種類	號碼	
<input type="checkbox"/> 香港身分證 (永久 <input type="checkbox"/> 是 <input type="checkbox"/> 否) <input type="checkbox"/> 護照 <input type="checkbox"/> 其他：		
在已附上的證明文件旁邊加別號並填寫有關資料 <input type="checkbox"/> 國籍 (國家/地區) <input type="text"/> <input type="checkbox"/> 住宅地址 <input type="text"/> <input type="checkbox"/> 永久住址 (如與住宅地址不同) <input type="text"/>		

全名 (包括姓、名及其他名)	出生日期 (日/月/年)	簽署式樣
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
身分證明文件種類	號碼	
<input type="checkbox"/> 香港身分證 (永久 <input type="checkbox"/> 是 <input type="checkbox"/> 否) <input type="checkbox"/> 護照 <input type="checkbox"/> 其他：		
在已附上的證明文件旁邊加別號並填寫有關資料 <input type="checkbox"/> 國籍 (國家/地區) <input type="text"/> <input type="checkbox"/> 住宅地址 <input type="text"/> <input type="checkbox"/> 永久住址 (如與住宅地址不同) <input type="text"/>		

**上述其他授權簽署人**

全名 (包括姓、名及其他名)	出生日期 (日/月/年)	簽署式樣
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
身分證明文件種類	號碼	
<input type="checkbox"/> 香港身分證 (永久 <input type="checkbox"/> 是 <input type="checkbox"/> 否) <input type="checkbox"/> 護照 <input type="checkbox"/> 其他：		
在已附上的證明文件旁邊加別號並填寫有關資料 <input type="checkbox"/> 國籍 (國家/地區) <input type="text"/> <input type="checkbox"/> 住宅地址 <input type="text"/> <input type="checkbox"/> 永久住址 (如與住宅地址不同) <input type="text"/>		

全名 (包括姓、名及其他名)	出生日期 (日/月/年)	簽署式樣
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
身分證明文件種類	號碼	
<input type="checkbox"/> 香港身分證 (永久 <input type="checkbox"/> 是 <input type="checkbox"/> 否) <input type="checkbox"/> 護照 <input type="checkbox"/> 其他：		
在已附上的證明文件旁邊加別號並填寫有關資料 <input type="checkbox"/> 國籍 (國家/地區) <input type="text"/> <input type="checkbox"/> 住宅地址 <input type="text"/> <input type="checkbox"/> 永久住址 (如與住宅地址不同) <input type="text"/>		

全名 (包括姓、名及其他名)	出生日期 (日/月/年)	簽署式樣
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
身分證明文件種類	號碼	
<input type="checkbox"/> 香港身分證 (永久 <input type="checkbox"/> 是 <input type="checkbox"/> 否) <input type="checkbox"/> 護照 <input type="checkbox"/> 其他：		
在已附上的證明文件旁邊加別號並填寫有關資料 <input type="checkbox"/> 國籍 (國家/地區) <input type="text"/> <input type="checkbox"/> 住宅地址 <input type="text"/> <input type="checkbox"/> 永久住址 (如與住宅地址不同) <input type="text"/>		