



To: The Hongkong and Shanghai Banking Corporation Limited
20 Pasir Panjang Road
#14-21 Mapletree Business City
Singapore 117439

Attn: Consolidated Billing Service

REQUEST FOR EMAIL DELIVERY OF CONSOLIDATED BILLING SERVICE INVOICE AND STATEMENT

Company Name:

Account Number:

Email Address (TLS enabled):

- 1.
- 2.
- 3.
- 4.
- 5.

1. We hereby request for the Consolidated Billing Service invoices and statement for the stated accounts to be sent via email to the email addresses as stated above.
2. We acknowledge and accept the risks associated with the use of email for the delivery of the Consolidated Billing Service Invoice and Statement and shall indemnify and hold the Bank harmless for acting on our request. For the avoidance of doubt, the Bank's prevailing terms and conditions governing our above accounts shall also apply to this request.
3. The information provided by us in this request is true, accurate and complete in all respects. We shall promptly update you if there are changes to the any of above information.
4. This request and any non-contractual obligations arising therefrom shall be governed and construed in accordance with the law of Singapore.

Signed for and on behalf of the Customer

Name:	Name:
Designation:	Designation:
Date:	Date: