

PLEASE FILL IN CLEARLY. *Indicates a mandatory field.

*****Date ___

To: The Hongkong and Shanghai Banking Corporation Limited Singapore Branch

CHEQUE BOOK	APPLICATION			
*Customer Name				
*A / C no				
*Please supply us wir under Quick Links for	th more information.	cheque book(s). Standard tarif	fs will be applicable. Please	visit www.business.hsbc.com.sg
We would like to requ	uest the Bank to mail	the cheque book(s) to (addres	s)	
We understand that	if we require cheque	books to be delivered by re	gistered post/courier, cost o	of postage will be debited to our
account.				
Signature				
(If the account require	res two signatories to	o sign jointly, kindly please er	nsure both signatories are	provided above)
Name				
Designation				
For Bank use only				
Signature Verified	Data Input By	Data Input Checked	Approved By	Additional Information
				Starting Cheque No.