



HSBC PayNow Corporate - SGQR Service Application Form

Please mail the completed form to: The Hongkong and Shanghai Banking Corporation Limited, Robinson Road, P O Box 896, Singapore 901746, Attention: Recall MPG Team.

1. Instruction Type			
<input type="checkbox"/> Register SGQR (PayNow) (complete 2, 3b, 3c) <i>(For new SGQR requests or new/change in outlet/storefront address)</i>			
<input type="checkbox"/> Amend SGQR (PayNow) <i>(For amendments to existing SGQR on Business Display Name, PayNow Alias, Payment Reference, SGQR (PayNow) expiry date)</i>			
<input type="checkbox"/> Business Display Name (complete 2, 3a and Business Display Name on Label in 3b)			
<input type="checkbox"/> PayNow Alias (complete 2, 3a and all fields marked with * in 3b)			
<input type="checkbox"/> Payment Reference (complete 2, 3a and all fields marked with * in 3b)			
<input type="checkbox"/> SGQR (PayNow) Expiry Date (complete 2, 3a and all fields marked with * in 3b)			
<input type="checkbox"/> Add Paynow Payment Scheme (complete all fields) <i>(For adding PayNow payment scheme to existing SGQR)</i>			
<input type="checkbox"/> De-register SGQR (PayNow) (complete 2 and 3a) <i>(For deletion of PayNow payment scheme on existing SGQR or cease of business or outlet/storefront)</i>			
<input type="checkbox"/> Request additional SGQR labels (complete 2, 3a and 3b – SGQR label field) <i>(For printing of SGQR labels or request of e-labels)</i>			
2. Customer Information			
Business Registered Name			
Business Registration Number/UEN			
3a. SGQR ID (if applicable)			
Existing SGQR ID			
3b. PayNow Corporate – SGQR Details			
Business Display Name on Label <i>(Max 25 chars with spaces)</i>			
PayNow Alias * <i>(UEN+Suffix)</i>			
Payment Reference – End to End ID * <i>(Optional)</i> <i>(Max 25 chars including spaces)</i>			
SGQR (PayNow) Expiry Date * <i>(Indicate NA if not required)</i>			
Outlet Address	Postal Code		
	Unit Level		Unit Number
	Miscellaneous <i>(Optional. E.g. Counter ID, etc.)</i>		

SGQR labels	<input type="checkbox"/> Printed labels (Display at outlet) <ul style="list-style-type: none"> • Number of SGQR labels required: _____ • Mailing Address and contact person: _____ _____ <input type="checkbox"/> E-labels (On invoices/bills) <ul style="list-style-type: none"> • Email address: _____
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Additional Outlets	<input type="checkbox"/> Yes: Please indicate number of annexes provided with the form _____ <input type="checkbox"/> No
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3c. CONTACT DETAILS

Name	_____		
Email Address	_____	Contact Number	_____

4. DECLARATION, ACCEPTANCE & CONSENT

The Customer hereby requests the Bank to execute the instructions set out in this form (which includes the Annex, where completed) in relation to its PayNow alias with the central repository for the SGQR (the “**CR**”) and such other related services for facilitating payments to the Customer through the SGQR scheme. By submitting this application form, the Customer warrants, represents and undertakes as follows:

True and Accurate Information

All information and documents given in this application are complete, true and accurate. The Bank is under no duty or obligation to verify and authenticate any information and documents provided by the Customer and that the Customer bears all responsibility in any errors and all matters arising from any incomplete, untrue or inaccurate information.

Terms and Conditions

By signing and submitting this form, the Customer agrees to be bound by the “Terms and Conditions Governing HSBC PayNow Corporate – SGQR Service” (the “**Terms and Conditions**”), a copy of which is available on www.business.hsbc.com.sg. The Customer may request for a printed copy of the Terms and Conditions from the Bank at any time. Terms used in this application which are defined in the Terms and Conditions shall bear the same meanings.

Authorised Signatory

The person(s) signing and submitting this application (the “**Signatory**”) has/have been duly authorised by the Customer to do so and all necessary internal approvals and/or corporate resolutions, authorisations and other action have been taken in accordance with our constitutional documents for the Signatory to sign and submit this application and to be the Customer’s sole representative to the Bank in all matters relating to this application and in the Terms and Conditions.

Authorized Signatory
Name: _____
Designation: _____
Date: _____

Authorized Signatory
Name: _____
Designation: _____
Date: _____



HSBC PayNow Corporate - SGQR Service Application Form – Annex

(To be appended as required)

Additional Outlet

3a. SGQR ID (if applicable)			
Existing SGQR ID			
3b. PayNow Corporate – SGQR Details			
Business Display Name on Label <i>(Max 25 chars with spaces)</i>			
PayNow Alias * <i>(UEN+Suffix)</i>			
Payment Reference – End to End ID * <i>(Optional)</i> <i>(Max 25 chars including spaces)</i>			
SGQR (PayNow) Expiry Date * <i>(Indicate NA if not required)</i>			
Outlet Address	Postal Code		
	Unit Level		Unit Number
	Miscellaneous <i>(Optional. E.g. Counter ID, etc.)</i>		
SGQR labels	<input type="checkbox"/> Printed labels (Display at outlet) <ul style="list-style-type: none"> • Number of SGQR labels required: _____ • Mailing Address and contact person: _____ <input type="checkbox"/> E-labels (On invoices/bills) <ul style="list-style-type: none"> • Email address: _____ 		