

APPLICATION FORM

FOR CASHIERS ORDER / DEMAND DRAFT
TELEGRAPHIC TRANSFER / FUNDS TRANSFER

Hong Kong Branch
HDFC BANK
We understand your world

Please fill in the form in BLOCK LETTERS
I/We hereby submit my/our application for: (pls tick)

Application Date / /
DD MM YYYY

☐ Cashier's Order ☐ Telegraphic Transfer ☐ Demand Draft ☐ Internal Funds Transfer

Remittance Currency Amount -

Charges ☐ SHA (Shared)
☐ BEN (On Beneficiary)
☐ OUR (On Applicant)

Name of Beneficiary

Beneficiary Address

Beneficiary Account Number

Beneficiary Account Type: ☐ SB ☐ NRE ☐ NRO ☐ CA ☐ OD

Beneficiary Bank Name

Branch

Please fill whichever is applicable below:

☐ SWIFT BIC ☐ Bank Code ☐ Fedwire Routing No
(For Hong Kong Inter Bank FT) (For USA Transfers)

☐ IFSC Code ☐ Bank Sorting Code
(For INR Remittances) (For UK Transfers)

☐ IBAN
(For Euro Payments)

Purpose of Remittance: (Mandatory)

☐ Transfer to Own Account ☐ Family Maintenance ☐ Gift ☐ Donation
☐ Investments in Property / Equity ☐ Trade / Business Payments ☐ Others (Please specify) _____
☐ Advance Trade Payment. (Expected Shipment / Delivery Date / /)

For non-customer transactions, please attach copy of HKID / Passport & Proof of Address and mention the occupation of the remitter under additional information.
For transfer to 3rd parties, please state the relationship between remitter & beneficiary under additional information.

Identification Document Type (pls tick) ☐ HKID ☐ Passport Document No.

Additional Information:

Payment details (for payment & charges)

☐ Cash (Upto HKD 20,000 Only) CCY Amount -

☐ Debit Account CCY Amount -

☐ Cheque Cheque No CCY Amount -

Bank Name

☐ Funds Transfer Ref No. CCY Amount -

Bank Name

Delivery Instructions for Demand Draft & Cashier's Order (pls tick)

☐ To be collected by Self ☐ To be collected by Representative Name

Contact Number ID No.

I/We understand that the applicable charges will be debited from my/our account for each of the above transactions. I/We understand that I/We must maintain sufficient funds in the account one business day before the payment date & that a charge may be levied at the banks discretion. I/We understand that the Bank will not be liable for any delay or failure to carry out above instructions where such delay / failure is attributable to any cause beyond the banks control including any equipment malfunction or failure and under no circumstance shall the bank be responsible to me/us for any consequential or indirect losses arising out of or in connection with the carrying out or otherwise of my/our instruction. I/We understand that any cancellation or subsequent repurchase of the Cashiers Order / Demand Draft will be subject to applicable charges. I/We understand that the Bank reserves the right not to process any Cashiers Order / Demand Draft / Telegraphic Transfer / Interbank Fund Transfer with or without notice if this Form is not accurately and properly completed, including, without limitation, the adding of any special instruction by me/us that is not provided, for in the fields set out in this Form. I/We have read the terms & conditions and agrees to be bound by them.

Customer Signature(s)

I hereby Acknowledge receipt of the Demand Draft / Cashier's Order

Signature of Recipient

Name Name

FOR BANK USE ONLY

Bank Reference No. Processing Date

Rate Rate Given By Charges Amount

Inputter Authoriser

Demand Draft / Cashiers Order Remarks