

Current Bank / Branch:	
Current Bank Customer / Account Name:	
New Bank:	The Hongkong and Shanghai Banking Corporation Limited, New Zealand branch ("HSBC New Zealand")
HSBC Contact Details:	Address: P.O. Box 5947, Victoria St West, Auckland 1142, New Zealand Email: clearing@hsbc.co.nz

The above customer is in the process of changing their account(s) to HSBC New Zealand. The account closure process takes at least five (5) business days from receipt of this form unless the customer has specified a longer account closure date in the account closure box below.

Current Bank account number	Close (Y/N)	AP	BP	DD	HSBC NZ account number
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Payment cancellation date			Current Bank account closure date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Request for information to be provided to HSBC

Please provide to HSBC New Zealand details of current payment authorities on the above account(s) held within five (5) business days of receiving this request.

Additional comments (if any):

Customer Authorisation and Indemnity:

- I/We authorise HSBC New Zealand to request information about the payment authorities operating on my/our accounts held with Current Bank and to use this information to transfer those authorities to my/our accounts held with HSBC New Zealand.
- I/we authorise Current Bank to release any payment authority information requested by HSBC New Zealand and action account closure if indicated above to HSBC New Zealand.
- I/We authorise HSBC New Zealand to action the payment authorities of my/our account, and until further notice, debit my/our nominated account(s) with all amounts of the payment authorities as provided.
- I/We authorise any Initiators, upon written notice from HSBC New Zealand, to amend my/our account payment authority details to that of HSBC New Zealand.
- I/We agree to indemnify and to keep indemnified Current Bank and HSBC New Zealand against all claims, demands, actions, suits, proceedings, liabilities, damages, payments, loss, costs and expenses that may arise in relation to or in any way arising out of either of them acting on my/our instructions to transfer my/our authorities from Current Bank.

Customer name:

Customer name:

Signature:

Signature:

Date:

Date:

Preferred method of customer contact:

Contact details:			
Home	<input type="text"/>	Work	<input type="text"/>
Mobile	<input type="text"/>	Email	<input type="text"/>