

HSBC Expat

Unclaimed Balance Payment Instruction Form

Customer Name:																																																																												
Customer Number:																																																																												
Current Residential Address:																																																																												
Previous residential Address:																																																																												
Customer Contact Telephone Number:																																																																												
Customer Contact Email Address:																																																																												
Account Number(s):	<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																																												Currency	<table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>														

If you wish to send the funds to MULTIPLE accounts, please complete a separate form for each beneficiary account.

☐ 1.1. Please tick this box, if you want all the funds to be sent as **one payment to the beneficiary account** and **advise the currency** _____ you wish the payment to be made in. All funds not held in this currency will be converted at the prevailing HSBC Expat exchange rate at the time of the transaction. (Please note that fees will be charged as specified in the Tariff of Charges)

or

☐ 1.2. Please tick this box, if you want payment(s) to be sent **in the currency of the account(s) that are closed**.

BENEFICIARY DETAILS OF WHERE TO PAY THE BALANCE OF YOUR ACCOUNT(S):

Please note the balance can only be sent to an account in your name. We cannot send the funds to a third party.

Bank Name:																																																																			
Address:																																																																			
Sort Code:	<table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>												<table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>												<table><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></table>												Swift Code:																														
Account Name: (your name)																																																																			
Account No/IBAN:																																																																			
Purpose of payment:																																																																			

Please sign here:

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Account Holder 1 Signature

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Account Holder 2 Signature

*If accounts are held in a joint name then each party must sign and each party must provide ID and Residential Address Proof.

DATE:

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DATE:

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HSBC Expat is a division of HSBC Bank plc, Jersey Branch: HSBC House, Esplanade, St. Helier, Jersey, JE1 1HS. HSBC Bank plc, Jersey Branch is regulated by the Jersey Financial Services Commission for Banking, General Insurance Mediation, Investment and Fund Services Business. HSBC Bank plc is registered and incorporated in England and Wales with limited liability, number 14259. Registered office 8 Canada Square, London, E14 5HQ.

[PUBLIC]

Please return this form to the following address: **HSBC House, Esplanade, St. Helier, Jersey, JE1 1HS.**

CERTIFICATION OF IDENTIFICATION DOCUMENTS

A certified copy of your passport or national ID Card is acceptable to confirm your identity. The copy must include the passport number, signature and expiry date. **Please use the certification page below to assist you in a successful submission**

WHO CAN CERTIFY YOUR DOCUMENTS

The following people can certify photocopies of your documents:

- Bank Manager of a licensed, regulated bank.
- Embassy Consulate or High Commission Official of the country of issue of the documentation
- Lawyer or Notary Public
- A Member of the Judiciary or a Senior Civil Servant
- Accountant or Tax Adviser[†]
- Actuary[†]

[†]Who is a member of a recognised professional body

Place original of Photographic Identification
here and copy

CERTIFICATION OF IDENTIFICATION - Please complete in block capitals

I confirm that the original document has been seen and the above copy is a complete and accurate copy of the original. I also certify that the copy of the photographic document bears a true likeness to the individual requesting certification.

Signature of Certifier	_____
Full name of Certifier	_____
Address	_____ _____ _____
Profession	_____
Contact Number	_____
Date	_____

Please add professional stamp if held

CERTIFICATION OF RESIDENTIAL ADDRESS DOCUMENT

One certified confirmation of the residential address in the form of a copy of a recent utility bill (not mobile phone), credit card bill or bank statement.

Date of Document (within last 4 months)	D	D	M	M	Y	Y
Name of Company						
Document Type e.g. Gas bill, water bill, bank or credit card statement etc						

Please use these sections to assist you in a successful submission or ensure that the wording shown is reproduced EXACTLY and all the details of the certifier are provided.

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- Bank Manager of a licensed, regulated bank.
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- A Member of the Judiciary or a Senior Civil Servant
- Accountant or Tax Adviser†
- Actuary†

† Who is a member of a recognised professional body

CERTIFICATION OF RESIDENTIAL ADDRESS PROOF - Please complete in block capitals

The certifier must sign the copy of the document as proof of sighting.

I confirm that the original document, detailed above, copied and attached to this certification has been seen and the copy is a complete and accurate copy of the original.

Signature of Certifier _____
Full name of Certifier _____
Address _____

Profession _____
Contact Number _____
Date _____

Please add professional stamp if held

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