HSBC

BUSINESS INTERNET BANKING
Form 2 - ACTIVATION CODE REQUEST

Please fill in **ALL** sections in **BLOCK CAPITALS**.

If you have any queries with regards this form, please call our Helpdesk on 0845 602 2014.

Section 1 - Primary User & Business Details

Primary User's First Name

Last Name

Primary User Fax Number

If this form requires clarification, we will attempt to contact you on the above fax number. If unsuccessful, we will write to you.

Business Name

Section 2 - Signatures (On behalf of the business specified in Section 1)

To HSBC Bank plc: I/we can confirm that the above named Primary User is authorised to continue using Business Internet Banking on behalf of the above named business. Please send a Business Internet Banking Activation Code.

Signed :

Name :

Position : Date

Signed :

Name :

Position : Date

Signed :

Name :

Position : Date

Signed :

Name :

Position : Date

Note: This form must be signed by existing signatories in accordance with the current bank mandate or Pension Authorised Signatories for Business Internet Banking sheet. In the case of a **limited company**, one signature must be that of a director. In the case of a **partnership**, one signature must be that of a partner. In the case of an **unincorporated club or society**, one signature must be that of the chairman or secretary of the committee. In the case of **trustees**, all must sign. In the case of a **sole trader**, the sole trader must sign.

Section 3 - To be completed by the Primary User only

BIB ID (from your welcome letter)

G B H B E U

Primary Users e-mail address

Your new Activation Code will be e-mailed to you (or sent by post if the e-mail fails)

We will e-mail you within 3 hours if your request is received before 5pm (Mon–Fri) or 2pm (Sat-Sun). Outside these hours, such requests will be processed the following working day (Mon-Fri by 11am). Bank Holidays will be processed by 11am the next working day.

To HSBC Bank plc: Please send a Business Internet Banking Activation Code using the above details.

User's Signature (required in all cases)

Signed

Date

Please fax completed form to 0845 603 7920

Please keep a copy of this form in the event that we have to contact you concerning any of the details quoted

Branches receiving this form should immediately fax it to INT 790 20202, marking that it is sent by a branch.