



Service Fee Waiver Application Form 服務費豁免申請表

| | |
|---------|--------------------------|
| Date 日期 | day 日 / month 月 / year 年 |
| | |

Paper Statement Service Annual Fee (for Physically Disabled or Visually Impaired Only)

郵寄結單年費 (只適用於傷殘或視障人士)

Please return your completed form either (1) by mail to "The Hongkong and Shanghai Banking Corporation Limited, P O Box 72677, Kowloon Central Post Office, Kowloon, Hong Kong", or (2) by visiting your nearest HSBC Branch. Your request will normally be processed within 7 working days upon receipt of your form. 請將已填妥的表格 (1) 寄回九龍中央郵政局郵政信箱 72677 號「香港上海滙豐銀行有限公司」收，或 (2) 交回就近滙豐分行。本行將在收到您的申請表後七個工作天內處理您的申請。

Note 注意： Annual fee calculation is based on customer status in last working day of the year. All requests must reach the Bank on or before the last working day of the year. If there is any delay in postal delivery, it will be effective from next year.
年費計算是因應客戶於每年最後的一個工作天所持的狀況。因此，所有申請表格必須於每一年度最後的一個工作天內遞交到本行作該年度的申請。若因郵遞引起的延誤，申請將會於下一年度生效。

Customer Details 客戶資料

| | | |
|------------------------|-------------|----------------|
| Full Name 全名 | Surname 姓 ▼ | First Name 名 ▼ |
| Account Number 戶口號碼 | | |

Declaration for Physically Disabled or Visually Impaired 傷殘或視障聲明

I hereby apply for the permanent waiver of your Bank's Paper Statement Service Annual Fee currently offered to persons with physical disability or who are visually impaired and 本人特此申請貴行現時因郵寄結單服務年費而向傷殘或視障人士所提供的郵寄結單服務年費永久豁免及

I hereby declare that I am eligible for the said waiver on the said basis. I understand and agree that the Bank may at any time cancel or withdraw this waiver. 本人特此聲明，本人在上述條件下，符合有關申請資格。本人明白及同意貴行將可隨時取消或撤回是項豁免。

X
Signature 簽署

S.V.

For Bank Use Only 銀行專用

| | | |
|--------------------------------------|---|--------------------------------|
| Remarks (if applicable) | This document has been interpreted to and understood by the customer. Interpreted by: | |
| | Name of the Handling Staff ▲ | Name of the Witnessing Staff ▲ |
| Branch Chop and Authorised Signature | | |

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