

To 致： **The Hongkong and Shanghai Banking Corporation Limited**
香港上海滙豐銀行有限公司

Date 日期	day 日 / month 月 / year 年

INSTRUCTION FROM HOSPITALISED ACCOUNT HOLDER 住院客戶指示

- Note 注意：**
1. Please tick where applicable. 請在適當的地方加上剔號。
 2. *Please delete whichever is not appropriate. *請刪去不適用者。
 3. Please sign according to the specimen with the Bank. 請根據戶口的簽名式樣簽署。
 4. For savings account, please bring along the savings passbook. 如屬儲蓄戶口交易，請帶同儲蓄存摺簿。
 5. The Bank reserves the right whether to proceed with the requested transaction or not. 銀行保留會否執行客戶指示的權利。

Account Holder Details 戶口持有人資料

Name of Account Holder 戶口持有人姓名	*HK ID No. / Passport No. / Other No. *香港身分證號碼 / 護照號碼 / 其他號碼
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Medical Certificate 醫療證明 (To be completed by a doctor 由醫生填寫)

Note 注意： <i>The instructions specified on this form effective only on the date the doctor signed. 本表格內的指示只於醫生簽署當日生效。</i>	Date 日期	day 日 / month 月 / year 年
I, the undersigned, a registered medical practitioner at 本人是		Hospital certify that the above patient is mentally sound. 醫院的註冊醫生，並證明上述人士精神狀況良好。
Signature of Doctor with Hospital Chop 醫生簽署及醫院印章		Contact Telephone No.: 聯絡電話號碼：
Full Name of Doctor 醫生全名：		

Instruction Details 指示詳情

Please debit my account no(s). 請從本人戶口中扣取		and 並	
<input type="checkbox"/> transfer the sum of 轉賬	(Currency and Amount 貨幣及金額)	to account no. 至戶口號碼	
in the name of 客戶姓名為			
<input type="checkbox"/> pay in cash the sum of 支付現金	(Currency and Amount 貨幣及金額)	to *Mr / Mrs / Miss / Ms 予*先生 / 太太 / 小姐 / 女士	
	(HK ID No. / Passport No. (香港身分證號碼 / 護照號碼))

I hereby request and authorise the doctor named above to certify as to my mental capacity and to provide such further information relating to my health as he or she shall deem fit. 本人現要求及授權上述醫生證明本人的精神狀況及提供更多關於本人健康狀況的資料。	Signature of Recipient 收款人簽署 (In case of cash withdrawal 如提取現金)	For Bank Use Only 銀行專用
		Signature Verified
X Signature of Account Holder 戶口持有人簽署	X	Branch Chop and Authorised Signature