

Internal Proxy In Favor Of A Person/Two Persons To Jointly/Severally Sign Transactions Concerning An Account

To: **HSBC Bank Egypt S.A.E.**

Date :..... /..... /.....

I/We, the undersigned hereby grant on behalf of myself/ourselves and/or in my/our capacity as Mr./Messers
 (First agent) (Second Agent)

	First agent	Second agent
ID number/type	_____	_____
Permanent address	_____	_____
Permanent address Phone number	_____	_____
Work/employment	_____	_____
Work address	_____	_____
Work Phone number	_____	_____
Mobile number	_____	_____

sufficient powers to undertake all types of transactions with your bank, on behalf of myself /ourselves in respect of the account(s) number(s) (on the provision that they should sign jointly or severally).

The powers granted to the above agent(s) will involve in particular the following transactions:

- 1- To sign for the opening, operating and closing of current accounts and/ or saving accounts in the local and /or foreign currencies and to dispose thereof by sight, withdrawal and deposit. The agent(s) will also have the right to ask for the issue and to take receipt of checkbooks, to sign on my /our behalf the checks drawn on my/our account to, endorse the checks issued in my /our name(s) and to cash or collect the value of the same.
- 2- To sign on my behalf to open credits.
- 3- To borrow money in my/our name(s) against mortgaging of deposits and/or certificates and/or bonds or any amounts found in the account.
- 4- To sign for the opening, operation, renewal and the redemption of deposit accounts and/or certificates and/or bonds in the local currency and/or any foreign currency.
- 5- To sign for the commercial papers and any discount of bills of exchange and withdrawals in the local and/or foreign currency.
- 6- The agent will also have the right to have plastic cards and their relevant secret codes issued, to take receipt of them, as well as to use and cancel them.
- 7- To sign on the collection reports and receipts.
- 8- To give guarantees and undertakings and to make application to the Bank for issuing guarantees and undertakings on my/our behalf.
- 9- To receive documents, bonds, commercial papers, invoices and/or bills of lading concerning the goods shipped in my/our name(s) and/or the company named which I represent in my/our personal capacity.
- 10- The agent will have the right to request the banking telephone service and the internet service and to take receipt of, and use their relevant secret codes.
- 11- The Agent shall have the right to open account (s) for all types of Investment funds without limits, to carry out all transactions thereto (Purchase and/or sell and/or redeem and/or cancel and/or abstain) and carry out all transfers.
 This proxy will remain valid until the Bank receives a written notification from me/us to the contrary.

Signature of Agents/Agents:-

The specimen signature of the first agent

The specimen signature of the second agent

The specimen signature(s) of Mr./Messrs.

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Signature of Witness/Witnesses:-

We, the undersigned, attest - as witnesses of the signing of this document - to the accuracy of the above. We attest hereby to the true identity of the parties mentioned in this proxy.

Witness name

Signature

Date

1-		----- / ----- / -----
2-		----- / ----- / -----
3-		----- / ----- / -----

Signature of Account Holder:-

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N.B.

- 1- The signing by all the parties hereof should take place in the presence of two male witnesses or one male witness and two female witnesses. Once this form is filled in, please delete the word "jointly" or "severally", as applicable.
- 2- The capacity of the principal should be verified in the event he/she is representing a company or some entity and each of them has the right to deputize third parties in such works or to appoint an agent or a guardian for a person.
- 3- A photocopy of the identity certification document of the agent should be kept along with the original copy of the proxy.
- 4- Customer Authorised Signature is required for each/every amendment above or crossing/deleting any of the above items of the Subject P/A.

For bank use only

* Black list checked on agent(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
* Both Witness/es and Agent/s have signed in my presence	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
* Name of TRL _____	signature of TRL		

Power of Attorney approved and signed by Branch Manager:-

Name Signature

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