

HSBC Commercial Card Delegation Form

Authorisation Form (Egypt)

1. Company Details										
Name of the Company	/:									
	(Kindly m	(Kindly mention Company name throughout the Form as per the valid Commercial Registration)								
Corporate Bank A/C #:										
2. Delegation of Autho	rity									
On behalf of the Compincluding but not limite										
cancellation requests.										
Authorised Delegat	es									
Name of Staff		Mobile Nun	nber		Р	assport/ID		Date of Birth		
1-										
2-										
	0.									
3. Commercial Card Su	•		-							
Please arrange to deliv	er the Sum	imary Stateme	ent to the	e below	v addres	SS:				
C/O:					Department Nam	e:				
Mobile Number:					Email Address:					
Full Egypt Address:	Full Egypt Address:									
4. Company's Authoris	ation									
On behalf of the Com all respects. The Banl shall be entitled to tal	npany, I/We k shall be e	ntitled to trea	t the ins	structio	on as ful	ly authorised by a	and binding	g upon the Company	and the Bank	
Signed on behalf of the	e Company	by its duly au	thorised	signato	ory(ies)					
Authorised Signatories	s – Acting jo	intly/individual	lly (delet	e as ap	propriat	e)				
1st Authorised Signatory						2nd Authorised Signatory				
Name:						Name:				
Designation:						Designation:	ı:			
Date:						Date:				
Signature and company Seal:						Signature and company Seal:				
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