

M12 POWERINVEST SAVINGS ACCOUNT APPLICATION FORM

MY PERSONAL DATA ELIGIBILITY & DOCUMENT REQUIREMENT		
Name as in ID / Passport	Mr Mdm Ms Dr	Minium age is 18 years old and the minimum initial and subsequent deposit is US\$1000 monthly for 12 months. Please allow 7 working days from the application receipt date for processing.
		A photocopy of Applicant's passport is required.
ID / Passport Number:	Gender:	DECLARATION & ACCEPTANCE
	Male Female	I have read and agree to be bound by the Terms and Conditions
		Governing Deposit Accounts and where applicable, the Terms and Conditions Governing Electronic Banking Services (Personal) as may be amended by HCB Trust Ek. för. from time to time (which are available for
Nationality:	Permanent Resident:	
	☐ Yes ☐ No	viewing at www.hcbtrust.net). I agree to the other Terms and Conditions accompanying this application.
		, , , , , , , , , , , , , , , , , , , ,
Date of Birth:	Marital Status:	I acknowledge and agree that you shall be entitled to rely on my declarations below on the beneficial ownership and purpose of this HCB
(dd-mm-yyyy)	Single Married	Trust M12 PowerInvest Savings Account
		I hereby declare and confirm that, unless otherwise indicated, I am the beneficial owner and ultimately own or have effective control of
	Others	this HCB Trust M12 PowerInvest Savings Account. The HCB Trust
Contact Number(s):		M12 PowerInvest Savings Account is to be used for savings/ transactional purposes.
(HP)	(H) (O)	3. I consent to the disclosure as provided therein. I declare that the
		information given by me is correct.
Occupation:	Email Address:	
Occupation.	Email / Idal 635.	
Mailing Address		
		Signature Date
		By signing above, I hereby:
		a. Request and authorise HCB Trust Ek. för. to debit the Monthly Debiting
Home Address Tick if same as above		Amount ("Amount") indicated herein from my existing Savings Account
		with HCB Trust Ek. för. and credit this amount to my HCB Trust M12 PowerInvest Savings Account.
		c. Lacknowledge and parce that:
		I acknowledge and agree that: i. HCB Trust Ek. för. may reject or decline to act on my instruction at
OPENING OF M12 POWERINVEST SAVINGS ACCOUNT		any time by notifying me;
I would like to open an HCB Trust M12 PowerInvest Savings Account with		ii. The Debiting Bank is entitled to reject my debit instruction if my account does not have sufficient funds and charge me a fee for this. The Debiting Bank is entitled to reject my debit instruction if my account does
monthly savings of:		
US\$1000 US\$5000 US\$5000		The Debiting Bank may also at its discretion allow the debit even if this results in an overdraft on the account and impose charges
Other Amount: US (minimum US\$1000)		accordingly;
I would like to debit my (please tick one only)		iii. This authorisation will remain in force until terminated by HCB Trust
existing HCB Trust Saving account. I hereby authorise HCB Trust		Ek. för.'s written notice sent to my address last known to HCB Trust Ek. för. or upon the receipt by HCB Trust Ek. för. of my written
to debit (including my first month saving), on a monthly basis, from		revocation through HCB Trust Ek. för.;
this savings account: (please state your account number) to my HCB Trust M12 PowerInvest Savings		iv. The deduction date from my debiting account will be determined by
Account till the HCB Trust M12 PowerInvest Savings Account		HCB Trust Ek. för.; and
matures.		v. I confirm that I have read, understood and agree to be bound by the
Other bank's deposit account.		additional terms and conditions accompanying this application.
FOR HCB TRUST'S COMPLETION		FOR DEBITING BANK'S COMPLETION
Debtor's Reference No.:		This application is hereby rejected (Please tick for the following reasons):
		Signature/Thumbprint♦ differs from HCB Trust Ek. för.'s records
		Signature/Thumbprint♦ incomplete/unclear♦
M12 PowerInvest Account No.: Date Opened: (dd-mm-yyyy)		Wrong account number Amendments are not countersigned by applicant
	Oskadala D. L. C. D. C.	Others (please state) :
Approved By:	Scheduled Deduction Date.:	
	of every month.	Name of Approving Officer Authorised Signatory Date • Please delete where applicable

Reg. No. 769611-4763-Bolagsverket HCB.M12PI V.01

OTHER TERMS & CONDITIONS

1. DEFINITIONS

"I", "my" and "me" means the HCB Trust Ek. för. account holder or the person (or each of the same (as the case may be)) who has by signing on this form consented to his account maintained with the Debiting Bank being nominated for the debiting of and being debited from the designated amount on the terms and subjected to the conditions of this form and these terms and conditions, and "you" means HCB Trust Ek. för..

"Designated Account" shall, for the purpose of Clause 11 of the Terms and Conditions Governing Deposit Accounts and notwithstanding any provision therein to the contrary, include any account maintained with the Debiting Bank and nominated for the debiting of the designated amount.

2. AUTHORISATION FOR SUBMISSION

I expressly authorise you (where applicable) to submit this form on my behalf to the Debiting Bank.

EXCLUSION

I agree that HCB Trust Ek. för. shall not be liable in any way for any loss of profits, business, goodwill or opportunity or direct, special or consequential loss or damages which I or any person may suffer or incur in connection with you giving effect to and to carrying out the instructions in anyway whatsoever and (without prejudice to the generality of the foregoing) whether arising from fraud, negligence, breach of contract, strict liability or otherwise by you or your officers, employees and agents. I agree that you will not be liable for any failure, delay, mistake, refusal, neglect or omission in the transmission of any instructions or the making of any payment under the same.

4. SCHEDULES & DEDUCTIONS

I agree and authorise HCB Trust Ek. för. to deduct, from my debiting account(s), the Amount (minimum US\$1000 monthly) on a monthly basis, for a period of twelve(12) months from the date on which such Amount become due. I understand that HCB Trust Ek. för. reserved the rights to designate the date of deduction of such Amount on either the 1st or the 16th of every month. I undertake full responsibility to ensure and maintain sufficient funds in my debiting account(s) for the monthly deductions but failing such, a charge or/ and fees will be imposed, and if there is any or further shortfall between such proceeds and the amount due, I shall remain liable for any such shortfall, including interest thereon at such rate as HCB Trust Ek. för. may prescribe from time to time.

5. PAYMENT ON MATURITY

Upon the maturity period of twelve(12) months (subject to a minimum monthly deposit of US\$1000), HCB Trust Ek. för. shall credit into my savings account, (i) a 6% returns on my principal deposit and (ii) my principal deposit, disbursement to be effected on/by the 15th day of the 13th month.

6. PENALTIES ON PREMATURE WITHDRAWALS

I agree and understand that in the event of withdrawal of funds from my M12 PowerInvest Savings Account before the end of the maturity period, HCB Trust Ek. för. may, in its sole and absolute discretion and on such terms as it thinks fit, allow or permit such withdrawal subject to (i) the full forfeiture of the 6% returns (if/ when allows to run its full course), (ii) a charge of 1.5% levied against/on the remaining outstanding months, and (iii) any other shortfalls or/ and fees, to be deducted in full from my principal deposit(s).

DISCLOSURE

7. I hereby irrevocably authorise HCB Trust Ek. för. and its officers, employees and agents to give, disclose, divulge or reveal, in any manner howsoever, any customer information relating to me and my account(s) or any other information to any third party (including the Debiting Bank) for such commercial, banking or business purposes as you at your discretion think fit. Your rights and abilities under this clause shall be in addition and without prejudice to your other rights of disclosure under and pursuant to (i) the Banking Act and any other statutory provisions and in law, and (ii) any other agreement between us and nothing herein is to be construed as limiting any of those other rights.

INDEMNITY

8. I hereby irrevocably and unconditionally undertake to fully indemnify HCB Trust Ek. för. and all its employees, nominees, directors and agents and hold you harmless against all losses, damages, liabilities, costs and expenses which you may suffer or incur (including legal costs on a full indemnity basis) as a result of you acting or carrying out, delaying in acting or carrying out or failing to act or carry out any instructions pursuant to these Terms and Conditions.

USE OF AGENTS

 I agree that HCB Trust Ek. för. may use any agent, contractor or correspondent as it may deem fit to carry out or procure any of the matters or transactions under this application and HCB Trust Ek. för. shall not be liable for any act, omission, neglect or wilful default of such agent, contractor and/or correspondent.

JURISDICTION / GOVERNING LAW / THIRD PARTY RIGHTS

10. These terms and conditions shall be governed by the laws of Sweden. I hereby irrevocably submit to the non-exclusive jurisdiction of the courts of Sweden. Notwithstanding any term herein the consent of any third party is not required for any subsequent amendments or changes to these Terms and Conditions

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