

Consent Form for Minor Account Application and Transactions

Date (YYYY/MM/DD): _____ / _____ / _____

 Apply Change

The Undersigned(s) _____, _____ is/are the legal representative(s) of the minor _____ ("the Minor", ID/passport number: _____, date of birth (YYYY/MM/DD): _____ / _____ / _____) hereby agree(s), for and on behalf of the Minor, to open TWD deposit account (excluding checking account), foreign currency deposit account, trust account and investment account with HSBC Bank (Taiwan) Limited, (the "Bank"), and to deal with all the matters related to the said accounts (including but not limited to conducting transactions, investments, using the related services and closing accounts). The Undersigned will be liable for any damages or losses arising hereunder. In addition, the Undersigned agrees that the Bank could check with Joint Credit Information Center regarding the Undersigned(s)' records.

Ways of Authorization (If one of the legal representatives can not present in branch when account opening, please complete "Power of Attorney" section in page 2.)

| | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> The legal representatives jointly present in person <input type="checkbox"/> One of the legal representatives solely present in person. The legal representative who does not present is the Bank's existing banking customer | <input type="checkbox"/> The Undersigneds agree that either of the Undersigneds may respectively and solely proceed all deposit, trust or other account related transactions or services matters for and on behalf of the Minor. (立書人同意凡該未成年子女與滙豐銀行間之各項存款帳戶、信託或其他帳戶往來及有關交易、服務事項，皆得由立書人各別單獨代理執行。) <input type="checkbox"/> The Undersigneds agree that the Undersigned shall jointly proceed all deposit, trust or other account related transactions or services matters for and on behalf of the Minor. (立書人同意凡該未成年子女與滙豐銀行間之各項存款帳戶、信託或其他帳戶往來及有關交易、服務事項，皆必須由立書人共同代理執行。) <input type="checkbox"/> The Undersigneds agree that _____ may solely proceed all deposit, trust or other account related transactions or services matters for and on behalf of the Minor. (立書人同意凡該未成年子女與滙豐銀行間之各項存款帳戶、信託或其他帳戶往來及有關交易、服務事項，皆得由立書人 _____ 單獨代理執行。) |
| <input type="checkbox"/> One of the legal representatives solely present in person. The legal representative who does not present is not the Bank's existing banking customer <input type="checkbox"/> Only one legal representative (Please provide supporting document) | <input type="checkbox"/> The Undersigned agree that the presentable Undersigned may solely proceed deposit, trust or other account related transactions or services matters for and on behalf of the Minor. (立書人同意凡該未成年子女與滙豐銀行間之各項存款帳戶、信託或其他帳戶往來及有關交易、服務事項，皆得由立書人本人單獨代理執行。) |

The Undersigned(s) agree that the Undersigned(s) will be jointly and severally, with the Minor, liable for any damages or losses to the Bank which is attributable to the Minor's willful act, negligence or others. However, in the circumstances that the Undersigned(s) can prove his/her/their supervision of the Minor is without negligence, he/she/they will not be held liable for damages occurred.

The Undersigned's personal information (Only authorized legal representative need to fill in)

| | | | | | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|
| Chinese Name | | HSBC existing customer | <input type="checkbox"/> Yes; Customer No. (First 9 Digits of Account No.): _____ - _____ | | |
| English Name (Same as passport) | | | <input type="checkbox"/> No; The Undersigned has understood, or been advised by the Bank, the notification items required by the Personal Data Protection Act (version: _____), and agrees that the Bank may collect, process, and utilize the Undersigned's personal information. | | |
| ID / Passport No. | | | | | |
| Former Name (if any) | Chinese | English | *Please provide Proof ex: passport | | |
| Other Name (if any) | Chinese | English | *Please provide Proof ex: passport | | |
| Date of Birth | (yyyy-mm-dd) | | | | |
| Permanent Address | □□□□□□ | | | | |
| Residential Address | <input type="checkbox"/> Same as Permanent Address <input type="checkbox"/> Same as proof provided by legal representative | | | | |
| Nationality | | Occupation / Code | / _____ *See below table | Relationship with the Minor | <input type="checkbox"/> Parents <input type="checkbox"/> Guardian |
| Office Tel No. | | Correspondence Tel No. | | Cell / Mobile No. | |

The Undersigned's personal information (Only authorized legal representative need to fill in)

| | | | | | |
|---------------------------------|----------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|--------------------------------------------------------------------|
| Chinese Name | | HSBC existing customer | <input type="checkbox"/> Yes; Customer No. (First 9 Digits of Account No.): _____ - _____ | | |
| English Name (Same as passport) | | | <input type="checkbox"/> No; The Undersigned has understood, or been advised by the Bank, the notification items required by the Personal Data Protection Act (version: _____), and agrees that the Bank may collect, process, and utilize the Undersigned's personal information. | | |
| ID / Passport No. | | | | | |
| Former Name (if any) | Chinese | English | *Please provide Proof ex: passport | | |
| Other Name (if any) | Chinese | English | *Please provide Proof ex: passport | | |
| Date of Birth | (yyyy-mm-dd) | | | | |
| Permanent Address | □□□□□□ | | | | |
| Residential Address | <input type="checkbox"/> Same as Permanent Address <input type="checkbox"/> Same as proof provided by legal representative | | | | |
| Nationality | | Occupation / Code | / _____ *See below table | Relationship with the Minor | <input type="checkbox"/> Parents <input type="checkbox"/> Guardian |
| Office Tel No. | | Correspondence Tel No. | | Cell / Mobile No. | |

*Occupation Code

| | | | | | | | |
|----|-------------------------------|----|-----------------------------------------------------|----|----------------|----|--------------|
| 01 | Professionals | 06 | Agriculture, Forestry, Fishing and Animal Husbandry | 11 | Self-employed | 16 | Others |
| 02 | Management level | 07 | Student | 12 | Faculty | 17 | White Collar |
| 03 | Office worker | 08 | Injured | 13 | Soldier | 18 | Sales |
| 04 | Engineering / Technical Staff | 09 | Housewife | 14 | Police Officer | | |
| 05 | Non-technical Staff | 10 | Retired | 15 | Unemployed | | |

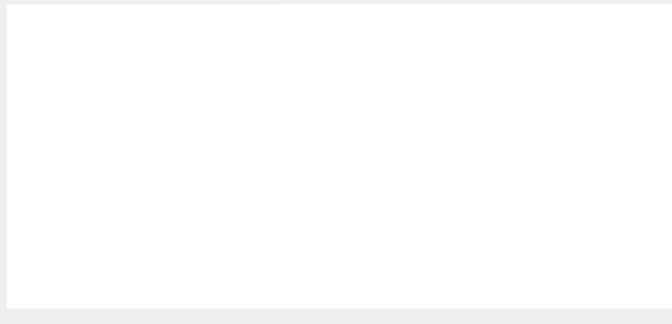
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Note

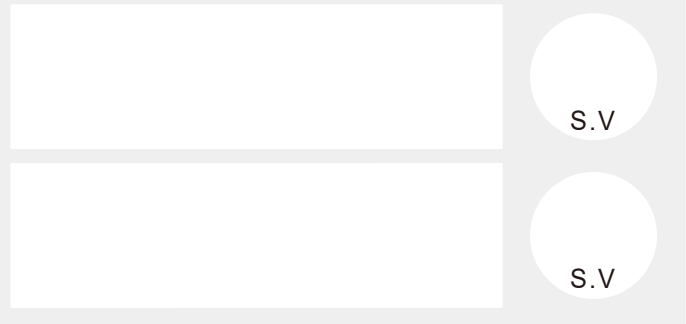
1. Only the parents or legal guardian of the Minor is allowed to agree, for and on behalf of the Minor, to open accounts, apply for the change related to account matters and conduct the transactions.
2. Please carry the Minor and his/her parents' original copies of ID Cards and seals (if the Minor has no ID Card, please provide the original copy of Household Certificate for replacement).
3. The Minor shall sign on the column of "Account Holder", and the parents shall sign on the column of "The Undersigned". If the parents could not jointly be present in person, the one who is not present in person shall sign the Power of Attorney.
4. One of the parents who is granted with the parental authority due to the divorce and provide the supporting documents may not carry the other's ID Card and seal.
5. The legal guardian who sign this Consent Form shall carry the supporting document, his/her and the Minor's original copies of ID Cards, and seals (if the Minor has no ID Card, please provide the original copy of Household Certificate) without providing the parents' ID Cards and seals.

The Account Holder's / Undersigned's Signature / Chop

The Account Holder's Signature / Chop (Customer age 7 or above need to sign in person; age below 7 can use chop instead.)



If The Undersigned is the Bank's existing banking customer, signing instruction should match signature card. If The Undersigned is not the Bank's existing banking customer, please sign in person.



Power of Attorney

Date (YYYY/MM/DD): _____ / _____ / _____

If one of the legal representatives can not present in branch when account opening, please complete "Power of Attorney" section.

The Undersigned, _____, who is the father mother of the minor ("the Minor" _____), hereby agrees the Minor to apply an account with HSBC Bank (Taiwan) Limited, (the "Bank") and authorizes the minor's father mother _____ for and on behalf of the Minor, to open TWD deposit account (excluding checking account), foreign currency deposit account, trust account, investment account and the ways of authorization. The Undersigned will be liable for any damages or losses arising hereunder.

The Undersigned has understood, or been advised by the Bank, the notification items* required by the Personal Data Protection Act, and agrees that the Bank may collect, process, and utilize the Undersigned's personal information, including the Undersigned's name, ID number, address, telephone number and the information stated in the ID certificates provided by the Undersigned for the purpose of account opening, transaction, investment and related matters provided in this POA, and the provision of banking businesses or services.

In addition, the Undersigned agrees that the Bank could check with Joint Credit Information Center regarding the Undersigned's records.

* You can find the "Notification items for the collection, processing, and utilization of the personal data" onto the Bank's website "<http://www.hsbc.com.tw>", or contact the Bank's branches for details.

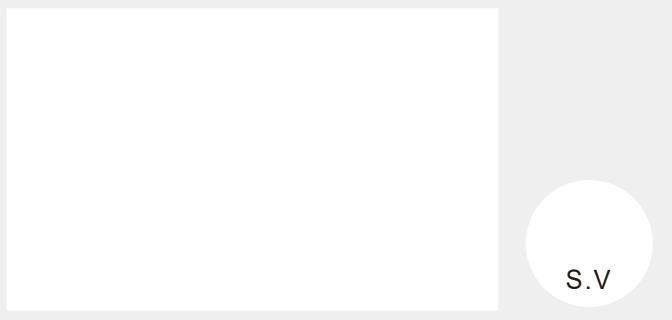
Sincerely,
 HSBC Bank (Taiwan) Limited

The Undersigned: _____

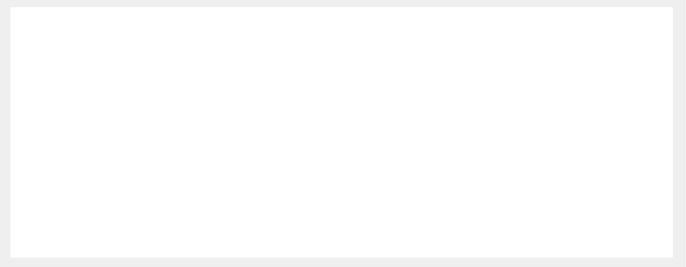
ID/passport number: _____

If The Undersigned is the Banks existing banking customer(First 9 Digits of Account No): _____ - _____

If The Undersigned is the Bank's existing banking customer, signing instruction should match signature card.



If the Undersigned is the Bank's existing banking customer and is going to execute transactions or service instructions for and on behalf of the Minor based on Ways of Authorization, please leave The Undersigned's chop and the chop should match the chop to be used on the signature card of the Minor's account. If not, or if the Undersigned is not the Bank's existing banking customer, no need to fill in this blank.



For Bank use only

Processed by: _____

Approved by: _____