

**Account
Number**

HFC-B2

Please, see reverse for terms and conditions for operating the joint account.

I/We request that an account be opened in the name(s) of.....

.....
With HFC MORTGAGE & SAVINGS (S.L) LIMITED and that all cheques, acceptances, and other orders for payment or disposal of money or securities, or boxes or other property, whether the account be in credit or overdrawn, be signed by:-

- Sole
 Both
 Either to
 other (state name of party to sign)

1. I/We agree that in addition to any other general lien or similar rights to which the company may be entitled under any law, equity or in contract, the company may at any time and without notice combine or consolidate all or any of our accounts with all or any of our liabilities to it or any of its subsidiary (ies),
2. Set-off our liabilities actual or contingent to the Company or its subsidiaries against any credit balance on any of our accounts with the Company or its subsidiary (ies)
3. Notwithstanding any term or agreement to the contrary in relation to any deposit, credit balance, cheques, valuables, securities, negotiable instruments the Company may not release any deposit credit balance or any cheques, valuable securities, negotiable instrument, until all liabilities actual or contingent, primary or collateral of any or all of us owe to the Company have been discharged.

I/We further agree that we are severally and jointly liable for any Loan, Overdraft, or any Facility, which may be extended to us unless the contrary is expressly stated.

I/We note that the Company will accept no liability whatsoever for funds handed to members of its staff outside banking hours or outside the Company's premises.

The Company has drawn our attention to the necessity of safeguarding our cheques and that we shall be liable jointly and severally for any consequential loss (es) that may result directly or indirectly from our neglect in keeping our cheques safe.

It is also understood that in the event of death or incapacitation of any one of us, the Company may pay any credit balance to the other party.

I/We will sign all cheques and documents as follows:-

(Full Name)	(Usual Signature)
Mr./Mrs./Ms./Dr.....	Will sign.....
Mr./Mrs./Ms./Dr.....	Will sign.....
.....	

OFFICIAL USE ONLY

ACCOUNT OPEN & DOCUMENTATION CHECKED BY	NAME	SIGNATURE	DATE

NAME OF AGENT----- DEPARTMENT-----

ACCOUNT OPENING AUTHORISE BY	NAME	SIGNATURE	DATE

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BRANCH MANAGER