

ADDITIONAL ACCOUNT OPENING/ SERVICES APPLICATION



Date: DD/MM/YYYY

Branch: _____

MY PERSONAL DETAILS

ACCOUNT NAME	EXISTING ACCOUNT NUMBER	ACCOUNT TYPE
1.	1.	1.
2.	2.	2.
Existing Credit Card Details		

Please update my Personal Details

	Account Holder (1)	Account Holder (2)
Passport Number		
Employer Name		
Employer Address		
Country of birth		
Correspondence Address		
Residence Address		
Residing at this address since	DD / MM / YYYY	DD / MM / YYYY
If residing at the stated address for less than 3 years, please provide your previous residence address details		
Do you have multiple Nationalities or Green Card?		
If Yes, please provide all Nationalities, If No, please provide only nationality 1:	Nationality 1 Nationality 2 Nationality 3	Nationality 1 Nationality 2 Nationality 3
E-mail Address		
Tel. Number(Off) (Res)		
Mobile No.		
Salary (AED)		
Other Income (AED)		

Please change my statement cycle to Monthly Quarterly

Please Open an additional account Convert my existing account/service

MY NEW ACCOUNT DETAILS

Current Statement Savings Time Deposit Other _____

CURRENCY

AED USD GBP EUR Other (Specify) _____

MY NEW SERVICE DETAILS

Advance: Deposit based Salary based

MY TERM DEPOSIT INSTRUCTIONS: (IF APPLICABLE)

Term _____ Amount _____

To book my/our deposit please Debit A/c No. _____

Maturity Instructions:

Pay Principal + Interest by: A/c No. _____ Cashier Order/TT/DD

Renew my deposit Principal only Renewal term _____

Pay Interest by: A/C No. _____ Cashier Order/TT/DD

Renew my deposit Principal + Interest Renewal Term _____

YOUR DECLARATION

I/We agree that the information given above is true and complete and that I/we have received the Bank's General Terms and Conditions for the Operation of accounts and Electronic Banking Services which I/we understand and expressly agree and accept to be bound by them whether set out in English and/or Arabic. I/We confirm that all instructions, signature details and documentation associated with operations of the account are to be the same as those of my/our existing account mentioned above, already held at your office unless otherwise specified. I/We understand that when I/we am/are applying to convert an account, that my/our old account will be closed and that any debit or credit balance will be transferred to my/our new account. Any transactions after the closure of the old account will be debited to the new account.

I/We agree and accept to be bound by the Bank's Schedule of Services and Tariffs as amended from time to time. A copy of the current tariff is available at www.hsbc.ae

I understand and agree that HSBC may amend the eligibility criteria for any type of account from time to time and that if I fail to meet the eligibility criteria then HSBC may re-classify my account at any time. I understand and agree that if my account balance falls below the minimum required by HSBC then a service charge will be levied.

I hereby request and authorise the Bank to grant me the ability to make Third Party Fund Transfer * to the extent (as per the daily amount specified above) from time to time permitted by the Bank when using Personal Internet Banking and/or Phone Banking Services or any other relevant service (as such service may be amended, replaced or varied from time to time).

Signing Instructions: Single Joint Either/or Other

Name 1. _____

Signature 1. _____

Name 2. _____

Signature 2. _____

Name 3. _____

Signature 3. _____

FOR BANK USE ONLY

			Authorised Signature		
Card Returned					BSI
Y					TSI
N					DSI

For Term Deposit Accounts

Product Type _____

Interest rate type _____ Spread _____ Spread Approval by _____

Limit on Supplementary Card(s)

I would like to share my existing credit limit with my

First Supplementary Cardholder Yes No

Second Supplementary Cardholder Yes No

If No, I would like to assign a credit limit of AED* _____

If No, I would like to assign a credit limit of AED* _____

* When you specify the limit to be assigned to your Supplementary Cardholder, a set-up fee of AED 100 will be charged on your statement. The credit limit you assign to your Supplementary Card may be reduced from your existing credit limit subject to Bank policy.

Additional Benefits

Settlement Details

Automatic settlement of Credit Cards bills: Yes No

HSBC Current/Savings Account Number: (to be debited) _____ - _____ - _____

Monthly Payment 5% Others _____ (between 5% - 100%)

Preferred Due Date (DD)

I would like to receive my statements at Residential Address Office Address

I would like to subscribe to e-Statements** My e-mail address is: _____

**To view e-Statements, please register on Internet Banking at www.hsbc.ae

Credit Card ATM Access (besides cash advances)

I would like ATM access on my HSBC Credit Card to access my HSBC account.

I would like the Supplementary Cardholders to use their HSBC Credit Card(s) at ATMs to access our HSBC account.

Credit Shield Plus

Credit Shield Plus is an optional feature which offers you a waiver of the Cardholder's outstanding balance in the unfortunate event of Death or Permanent Total Disability and waives the minimum installment in the event of Involuntary Loss of Employment for employed eligible cardholders or Temporary Total Disability for self employed eligible cardholders***.

A fee of 0.65% of your monthly outstanding balance is charged for Credit Shield Plus.

I would like to opt for Credit Shield Plus feature and acknowledge that the benefit is subject to the terms, conditions and exclusions.

Yes No

Credit Shield Plus is applicable on the main and supplementary balances. However, the benefits are subject to the Death, Permanent Total Disability, Involuntary Loss of employment or Temporary Total disability of the primary cardholder only. For full details of terms, conditions & exclusions please refer to www.hsbc.ae/advance

****Benefits are subject to the Terms and conditions. For full details, please refer to www.hsbc.ae/advance*

Declaration of Primary Card Applicant

I hereby apply for the issue of an HSBC Card and declare that the information provided in this application is true and correct and authorise HSBC to verify this information from whatever sources that it may choose. I accept that HSBC is entitled in its absolute discretion to accept or reject an application without assigning any reason whatsoever. I acknowledge that the use of my HSBC Card and any Supplementary HSBC Card(s) issued on the card account will be subject to the HSBC Cards Terms and Conditions accompanying the HSBC Card(s) (which may be amended from time to time at HSBC's sole discretion). I understand that by using the HSBC Card or Supplementary HSBC Card(s) I accept the terms and conditions and that I shall be liable, unconditionally, for any amounts outstanding on both my HSBC Card and any Supplementary HSBC Card(s). Where an application is made now or in the future, I hereby authorise HSBC to issue Supplementary HSBC Card(s) for use on my account to the person(s) named who is/are over 16 years of age and agree that you can provide relevant information to the Supplementary HSBC Cardholder about the account. I accept that any account(s) operated in conjunction with the HSBC Card(s) will be subject to the Terms and Conditions which govern the ATM facility as stated in the HSBC Cards Terms and Conditions.

Declaration of Supplementary Card Applicant

I, the Supplementary HSBC Card ("Supplementary Card") applicant agree to be jointly and severally liable for all transactions processed by the use of the Supplementary Card applied for and issued by HSBC to myself and acknowledge that the use of my Supplementary Card will be subject to the HSBC Cards Terms and Conditions (which may be amended from time to time at HSBC's sole discretion) accompanying the Supplementary Card. I understand that by using the Supplementary Card I accept the HSBC Cards Terms and Conditions.

Primary Card Applicant

Name _____

I am over 21 years of age
Please ensure signature is within box provided in **Black Ink** only.

First Supplementary Card Applicant

Name _____

I am over 16 years of age
Please ensure signature is within box provided in **Black Ink** only.

Second Supplementary Card Applicant

Name _____

I am over 16 years of age
Please ensure signature is within box provided in **Black Ink** only.

FOR BANK USE ONLY

			Authorised Signature		
Card Returned Y N					BSI TSI DSI

For Term Deposit Accounts

Product Type _____

Interest rate type _____ Spread _____ Spread Approval by _____

For Bank Use Only

HSBC Advance Credit Card Limit(s): _____	
Existing HSBC Credit Card Limit(s)	New Credit Card Limit(s)
Card Number:	Type: Limit:
	MC/Visa
	MC/Visa <input type="checkbox"/> Cancel
	MC/Visa <input type="checkbox"/> Cancel