

# Membership Form



Please provide me with the HSBC Premier Service in

Country: \_\_\_\_\_ Branch: \_\_\_\_\_

Date: \_\_\_\_\_

### Your Personal Details

	Account Holder (1)	Account Holder (2)
Title	Mr./Mrs./Ms./Other	Mr./Mrs./Ms./Other
First Name		
Last Name		
Name as it should appear on the Debit Card <small>(19 characters including spaces, no special characters)</small>	□□□□□□□□□□□□□□□□□□	□□□□□□□□□□□□□□□□□□
Passport / ID No.		
Date of Birth		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality		
Country of Residence		

### Your Employment Details

Employer		
Position		
Occupation		
Years with this employer		
Previous employer		
Salary (AED)		
Other Income (AED)		

### Your Contact Details

Employer Address	Dept. / ID P.O.Box Emirate	Dept. / ID P.O.Box Emirate
Work Telephone No.	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>
Fax No.	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>
e-mail Address		
Mobile No.	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>
Home Address in UAE		
Residence Telephone No.	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>
Permanent Address (in home country)		
Telephone No. (in home country)	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>	□□□□ - □□ - □□□□□□□□ <small>Country Code Area Code Number</small>
Correspondence Address	Address P.O. Box: Emirates	Address P.O. Box: Emirates

(Joint Accounts) Please mail all correspondence to the address of (please mark one only): Account Holder: No.1  No.2



# HSBC Premier Credit Card Application

Name as it should appear on the Card

## Your Air Miles Relationship

Are you already an Air Miles Member  Yes  No

If yes, your Air Miles Card No. \_\_\_\_\_

## Please issue Supplementary Cards for the following:

### 1st Supplementary Card

Mr.  Mrs.  Ms.  Other \_\_\_\_\_

Name as it should appear on the Card

Date of birth   /   /

Relationship to Primary Card Applicant

Spouse  Child  Parent  Brother  Sister  Other \_\_\_\_\_

### 2nd Supplementary Card

Mr.  Mrs.  Ms.  Other \_\_\_\_\_

Name as it should appear on the Card

Date of birth   /   /

Relationship to Primary Card Applicant

Spouse  Child  Parent  Brother  Sister  Other \_\_\_\_\_

## 2. Limit on Supplementary Card

I would like to share my existing credit limit with my 1<sup>st</sup> Supplementary Cardholder  Yes  No

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

I would like to share my existing credit limit with my 2<sup>nd</sup> Supplementary Cardholder  Yes  No

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

\*The credit limit you assign to your Supplementary Card may be reduced from your existing credit limit, subject to Bank policy.

## Settlement Details

Automatic settlement of Credit Card bills:  Yes  No

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

Monthly payment:  5%  Other \_\_\_\_\_ (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](http://www.hsbc.ae)

## Credit Card ATM Access (besides cash advances)

I would like to use the HSBC Premier Credit Card at ATMs to access the HSBC Account.

I would like the Supplementary Cardholders to use their Premier Credit Cards at ATMs to access the 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 and 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

Benefits are subject to Terms and Conditions. For full details, please refer to [www.hsbc.ae](http://www.hsbc.ae)

## For Bank use only

HSBC Premier Credit Card limit(s): \_\_\_\_\_

Existing HSBC Credit Card limit(s)	New Credit Card limit(s) (pre-approved)
Card Number:	Type: Limit:
	MC/VISA
	MC/VISA <input type="checkbox"/> Cancel
	MC/VISA <input type="checkbox"/> Cancel

## Your Reference Details

 Previous Bank

 Existing Account Holder

 HSBC Staff

 Company Introduction

## Your Declaration

I/We agree that the information given above is true and complete and that I/we have received the HSBC Premier Terms & Conditions for the Operation of Accounts and Electronic Banking Services, SMS, Alert Service, Credit Cards and Global Services which I/we understand and expressly agree and accept to be bound by them. I/We understand that the Bank's General Terms & Conditions for the Operation of Accounts and Electronic Banking Services shall apply to any personal account(s) that I/we may hold with the Bank from time to time.

### Joint Accounts Only

We acknowledge that the provisions for the joint account mandates are set out in the HSBC Premier Terms & Conditions. The signing instructions are set out below. We note that if we choose to use the Personal Internet Banking Service, the Terms & Conditions are online. We agree that where we accept the Personal Internet Banking Service Terms & Conditions online, we will be agreeing to accept and be bound by them and any subsequent amendments.

## Signing Instructions *(Joint Account Only)*

 JOINTLY (both to sign)

 EITHER (singly)

 OTHERS

Account Holder (1)

Account Holder (2)

Name \_\_\_\_\_

Please Sign in Black Ink only.

Name \_\_\_\_\_

Please Sign in Black Ink only.

## For Bank Use Only

<b>I confirm that the black list has been checked, that the form is complete, and that the customer has signed in my presence.</b>	
Account Number _____ Date Account Opened _____ CSR Name _____ CSR Staff Number _____ CSR User ID/Workstation ID _____	Bank Authorised Signature/Stamp

## Additional Maintenance

Service charge exemption <input type="checkbox"/> Yes <input type="checkbox"/> No International Customer Number _____ Relationship managed by (AO code) _____	Additional/New ATM / Debit card required in the names of: (Joint Accounts) (1) ----- (2) -----
Market Sector Code: <input type="checkbox"/> 01680 <input type="checkbox"/> 01681 <input type="checkbox"/> 01682 <input type="checkbox"/> 01683 <input type="checkbox"/> 01684 <input type="checkbox"/> 01685 <input type="checkbox"/> 01686 <input type="checkbox"/> 01687 <input type="checkbox"/> 01688 <input type="checkbox"/> 00-091 100 <input type="checkbox"/> 00-092 100 <input type="checkbox"/> 00-093 100 <input type="checkbox"/> 00-094 100	

## (For Joint Accounts only) - Base File Information

Customer Number 1	Customer Number 2
-------------------	-------------------

Remarks:

## Instant Kit Delivery Acknowledgement

I confirm having received my instant:

- ATM Card
- ATM Pin
- Cheque book (if applicable)
- Phone Banking PIN Reference Number \_\_\_\_\_

Account No.  -  -

The instant kit was delivered in a sealed envelop.

- Yes
- No

Customer's Signature

