

Please provide me with the HSBC Amanah 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 the 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 Emirate	Address P.O. Box Emirate

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

HSBC Amanah 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 1st 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 2nd 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 HSBC Amanah Premier Credit Card bills Yes No

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

Monthly payment 5% Other _____ (Between 5%-100%)

Preferred Due Date dd

Correspondence address is my Residential Address Office Address

You have been subscribed to e-Statements** My e-mail address is: _____

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

HSBC Amanah Premier Credit Card ATM Access (besides cash advances)

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

I would like the Supplementary Cardholders to use their HSBC Amanah Premier Credit Cards at ATMs to access the HSBC Amanah Premier Account.

HSBC Amanah Premier Takaful Credit Shield Plus

HSBC Amanah Premier Takaful Credit Shield Plus is an optional comprehensive Takaful cover which protects the Cardholder's outstanding balance in the unfortunate events of Death and Permanent Total Disability and covers the minimum payment in the event of Involuntary Loss of Employment for employed eligible Cardholders or Temporary Total Disability for self-employed eligible Cardholders.

A premium of 0.65% of your monthly outstanding balance will be charged. Please refer to the HSBC Amanah Premier website for full details of the Terms and Conditions or contact us.

I would like to opt for HSBC Amanah Premier Takaful Credit Shield Plus and acknowledge that the Cover is subject to the policy's conditions and exclusions:

Yes No

Benefits are subject to the Terms and Conditions of the policy. For full details, please refer to www.hsbc.ae/amanahpremier

For Bank use only

HSBC Amanah 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 Amanah Premier Terms & Conditions for the Operation of Accounts and Electronic Banking Services, SMS, Alert Service, Amanah 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.

I/We agree that the proceeds of any insurance claimed under any scheme attaching to the new account if any, will be automatically set off by the Bank against any debit balance in any account of mine/ours.

**Third Party Funds Transfer - defined as any funds transfer other than transfers between my own accounts held with HSBC UAE or to effect bill payments.*

Signing Instructions *(Joint Account Only)*

 JOINTLY (both to sign)

 EITHER (singly)

 OTHERS

Account Holder (1)

Name _____

Please Sign in Black Ink only.

Account Holder (2)

Name _____

Please Sign in Black Ink only.

For Bank Use Only

I confirm that the black list has been checked, that the form is complete, and that the customer has signed in my presence.	
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 Amanah 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 envelope.

- Yes No

Customer's Signature