

# Personal Account Opening Form

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

Date \_\_\_\_\_

**Your Personal Details**

	Account Holder (1)	Account Holder (2)	Account Holder (3)
Title	Mr./Mrs./Ms./Others _____	Mr./Mrs./Ms./Others _____	Mr./Mrs./Ms./Others _____
First Name			
Last Name			
Preferred Name			
Passport / ID No.			
Date of Birth			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality			
Country of Residence			

**Your Employment Details**

Employer			
Occupation			
Years with this Employer			
Previous Employer			
Years with previous Employer			
Salary (AED)			
Other Income (AED)			
Household Income (AED)			

**Your Contact Details**

Employer address	Dept. /ID .....	Dept. /ID .....	Dept. /ID .....
	Building (name/no.).....	Building (name/no.).....	Building (name/no.).....
	Floor.....	Floor.....	Floor.....
	Street (name / no.).....	Street (name / no.).....	Street (name / no.).....
	Nearest Landmark.....	Nearest Landmark.....	Nearest Landmark.....
	.....	.....	.....
	Area.....	Area.....	Area.....
	P.O. Box:.....Emirate.....	P.O. Box:.....Emirate.....	P.O. Box:.....Emirate.....
Work Telephone No.			
Work Fax No.			
Work e-mail address			
Mobile No.			
Home address (in UAE)			
Home Telephone No.			
Home Fax No.			
Private e-mail address			
Permanent address (in home country)			
Telephone No. (in home country)			
Preferred Correspondence address	<input type="checkbox"/> Work	<input type="checkbox"/> Work	<input type="checkbox"/> Work
	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

**(Joint Accounts) Please mail all correspondence to the address of (please mark one only). Account Holder No. 1  No. 2  No. 3**

**Your contact preferences**

You prefer to be spoken to in  English  Arabic

During the **week** you prefer to be contacted in the  Morning  Afternoon  Evening at  Business  Home  Others\_\_\_\_\_

Phone  Mobile  e-mail  Fax

and during the **weekend** in the  Morning  Afternoon  Evening at  Business  Home  Others\_\_\_\_\_

by  Phone  Mobile  e-mail  Fax

**Islamic Financial solutions**

Do you prefer Islamic Banking Products?  Yes  No

**My Account Type**

Current  STATUS  Statement Savings  Non-Checking Current Account

Call Deposit  Other\_\_\_\_\_

**Currency**

AED  USD  EUR  GBP  Other (specify) \_\_\_\_\_

**My Preferred Banking Package / Service**

STATUS  Salary Based  Balance Based

**About you** (Thank you for taking the time to give us further details about yourself. We shall use this to help us serve you better).

You are  Single  Married  Others\_\_\_\_\_ and have\_\_\_\_\_dependents.

Your spouse's name is\_\_\_\_\_ and you have\_\_\_\_\_children

Child Name\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Child Name\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Child Name\_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Education Level  Primary  High School  Graduate  Post Graduate  Professional

Hobbies / Interest \_\_\_\_\_ Car Owner  yes  No

Home ownership status  Owned  Rented  Company provided at this address since \_\_\_\_\_

**Your Liability**

	Bank / Company Name	Monthly Installment / Limit	Balance outstanding
Personal Finance /Loan			
Vehicle Finance / Loan			
Overdraft			
Credit / Charge card			
Others			

**Your account**

Purpose of opening the account  Receipt of salary  Loan / Credit Card repayment

Savings  Other (please Specify) \_\_\_\_\_

Expected monthly credit turnover: AED \_\_\_\_\_

**Please provide me with the following service(s)**

HSBC ATM Card

Cheque Book(s) (if applicable) Quantity \_\_\_\_\_ (25 leaves each)

Phone Banking Service

Please provide the following details to link this account to the SMS ALERT Service:

If you do not wish your account number to be displayed on the SMS, specify an alternative word / number \_\_\_\_\_

Debit Notifications for amount exceeding \_\_\_\_\_ Credit Notifications for amount exceeding \_\_\_\_\_

Balance Notifications if balance falls below \_\_\_\_\_ or exceeds \_\_\_\_\_

**My Third Party Funds Transfer Limit for the Personal Internet Banking Service**

I would like to have the facility of Third Party Funds Transfer\* with a daily limit of AED \_\_\_\_\_ when using the Personal Internet Banking (not to exceed AED 185,000). The default Third Party Funds Transfer Limit applied on your account is zero. Your requested limit will be applied once you have successfully registered for Personal Internet Banking.

**My 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 Bank's General Terms and Conditions for Operation of Accounts and Electronic Banking Services as well as for the SMS Alerts which I/We understand and expressly agree and accept to be bound by them whether set out in English and/or Arabic. I/We understand that the Bank's General Terms and 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 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](http://www.hsbc.ae)

**Joint Accounts Only**

We acknowledge that the provisions for the joint account mandates are set out in the Bank's General Terms and Conditions. We note that if we elect to use Personal Internet Banking Service we will be required to accept the relevant Personal Internet Banking Service Terms and Conditions online. We agree that when we accept the Personal Internet Banking Service Terms and Conditions online, we will be agreeing to accept and be bound by them and any subsequent amendments whether set out in English and/or Arabic.

\* **Third Party Fund Transfers** - 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       EITHER/OR       OTHERS \_\_\_\_\_

Name \_\_\_\_\_

*Please ensure signature is within box provided in **Black Ink** only.*

Name \_\_\_\_\_

*Please ensure signature is within box provided in **Black Ink** only.*

Name \_\_\_\_\_

*Please ensure signature is within box provided in **Black Ink** only.*

## CREDIT CARD APPLICATION

*(This Credit Card Application Form should be submitted with the completed Personal Account Opening Form and will not be processed if sent separately)*

### Your Choice

Please tick the appropriate box

Visa Platinum                       MasterCard Gold                       Visa Gold  
 MasterCard Standard                       Visa Classic

Name as it should appear on the Card

### Your Air Miles Relationship

1. Are you already an Air Miles Member?                       Yes                       No

2. If yes, your UAE Air Miles Card No.

### Supplementary Card

Please issue an additional HSBC Credit Card for the joint account applicants:

**First Supplementary Card Applicant**

Male     Female    Date of Birth (DD/MM/YYYY)  /  /

Name as it should appear on the Card

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

**Second Supplementary Card Applicant**

Male     Female    Date of Birth (DD/MM/YYYY)  /  /

Name as it should appear on the Card

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

### Limit on Supplementary Card

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 for Platinum, AED 75 for Gold and AED 50 for Classic / Standard will be charged on your statement. The credit limit you assign to your Supplementary Card may be deducted from your existing credit limit subject to Bank policy.

### Roadside Vehicle Assistance Cover (Only applicable Free on the HSBC Visa Platinum Card)

<b>Primary Applicant's</b> Vehicle Type _____	Model & Year of manufacturing _____
Plate No. _____	Chasis No. _____
	Car Colour _____ Emirate _____
<b>1st Supplementary Applicant's</b> Vehicle Type _____	Model & Year of manufacturing _____
Plate No. _____	Chasis No. _____
	Car colour _____ Emirate _____
<b>2nd Supplementary Applicant's</b> Vehicle Type _____	Model & Year of manufacturing _____
Plate No. _____	Chasis No. _____
	Car colour _____ Emirate _____

### Additional Benefits

**Settlement Details**

Automatic settlement of Credit Cards bills:                       Yes     No

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

Monthly Payment     5%     Others \_\_\_\_\_ (Select 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 ATM access on my HSBC Credit Card at ATMs 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 comprehensive insurance cover which protects the Cardholder's outstanding balance in the unfortunate event of Death and Permanent Total Disability and covers your minimum installment 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 is charged for Credit Shield Plus

I would like to opt for Credit Shield Plus insurance 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](http://www.hsbc.ae)

**Reference**

Name of friend/relative in the UAE \_\_\_\_\_

Relationship \_\_\_\_\_

Tel. Office  -

Tel. Res  -

Mobile  -

Employer \_\_\_\_\_ Designation \_\_\_\_\_

**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**

**First Supplementary Cardholder**

**Second Supplementary Cardholder**

Name \_\_\_\_\_

I am over 21 years of age

Please ensure signature is within box provided in **Black Ink** only.

Name \_\_\_\_\_

I am over 16 years of age

Please ensure signature is within box provided in **Black Ink** only.

Name \_\_\_\_\_

I am over 16 years of age

Please ensure signature is within box provided 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 \_\_\_\_\_

Bank Authorised Signature/Stamp

CSR Name \_\_\_\_\_

CSR Staff Number \_\_\_\_\_ CSR User ID/Workstation ID \_\_\_\_\_

**Additional Maintenance**

Service charge exemption  Yes  No

International Customer Number: \_\_\_\_\_

Relationship managed by: \_\_\_\_\_

Additional / New ATM card required in the names of

(Joint Accounts) (1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) \_\_\_\_\_

**(For Joint Accounts only)**

Customer Number 1

Customer Number 2

Customer Number 3

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

