

# HSBC Premier CONVERSION FORM

# HSBC Premier CONVERSION FORM

Date: DD/MM/YYYY

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

Please provide me with <input type="checkbox"/> HSBC Premier service		
Country: _____ Branch: _____		Date: _____
My Account number: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		
My Account Type : <input type="checkbox"/> Current Account <input type="checkbox"/> Statement Savings		
Please update my personal details:		
	Account Holder (1)	Account Holder (2)
Title	Mr./Mrs./Ms./Other	Mr./Mrs./Ms./Other
Name as it should appear on the Debit Card (19 characters including spaces, no special characters)	<input type="text"/>	<input type="text"/>
Nationality		
Passport Number		
Country of Birth		
Employer Name		
Employer Address	P. O. Box	P. O. Box
Position		
Occupation		
Years with this employer		
Previous employer		
Salary (AED)		
Other Income (AED)		
Correspondence Address	.....	.....
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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.) (Resi.)	/Ext.	/Ext.
Mobile		
For Term Deposit Accounts: Product Type _____		
Term _____ Amount _____ Currency _____		
To book my/our deposit please Debit A/c No. _____		
<b>Maturity Instructions:</b>		
Pay Principal + Interest by: <input type="checkbox"/> A/c No. _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cashier Order/TT/DD		
<input type="checkbox"/> Renew my deposit Principal only <input type="checkbox"/> Renewal term _____		
Pay Interest by: <input type="checkbox"/> A/C No. _____ <input type="checkbox"/> Cash <input type="checkbox"/> Cashier Order/TT/DD		
<input type="checkbox"/> Renew my deposit Principal + Interest <input type="checkbox"/> Renewal Term _____		

Please provide me with: ☐ HSBC Premier Debit Card\*  
HSBC Accounts to be accessed with my Debit Card:

1. --

2. --

3. --

(Please note that the account you nominate for access through ATM and/or settlement, must be your sole account or a joint account with “any” or “either” signing mandate.)

☐ Cheque Book(s): (if applicable)    Quantity \_\_\_\_\_ (50 leaves each)

Please replace my: ☐ Phone Banking PIN      and deliver to      ☐ My Branch                      ☐ My Correspondence Address

☐ Personal Internet Banking Password      and deliver to      ☐ My Branch                      ☐ My Correspondence Address

My Third Party Funds Transfer Limit for Phone Banking Service:  
\_\_\_\_\_ (Not to exceed USD 25,000 limit per day)

\*Not applicable for joint signing instructions on joint accounts.

My default Third Party Funds Transfer Limit on Personal Internet Banking is AED 185,000.  
The limit can be lowered by clicking on the ‘Change Internet Banking Limits’ option under the Services section.  
This limit can be increased by printing and completing the ‘Transfer Limit Request Form’ available from the ‘Download Centre’ on HSBC website at [www.hsbc.ae](http://www.hsbc.ae) located under ‘Transfers’ tab. The completed form can be deposited into an HSBC ATM or submitted to one of the HSBC branches or Customer Service Centres.

# HSBC Premier Credit Card Application

Date: / /   
Branch:

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 HSBC Premier Credit Card bills ☐ Yes ☐ No

HSBC 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](http://www.hsbc.ae)

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

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

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

## HSBC Premier Credit Shield Plus

HSBC Premier Credit Shield Plus is an optional comprehensive Insurance 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 Premier website for full details of the Terms and Conditions or contact us.

I would like to opt for HSBC Premier 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/premier](http://www.hsbc.ae/premier)

## 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.

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.

**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.

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)

\* 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 Instruction: ☐ Single ☐ Joint ☐ Either/or ☐ Other

Name 1. \_\_\_\_\_ Signature 1. \_\_\_\_\_

Name 2. \_\_\_\_\_ Signature 2. \_\_\_\_\_

Name 3. \_\_\_\_\_ Signature 3. \_\_\_\_\_

**FOR BANK USE ONLY**

HSBC Premier Credit Card limit: \_\_\_\_\_

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

Authorised signature	Stamp	Date

Market Sector Code

☐ 01680    ☐ 01681    ☐ 01682    ☐ 01683    ☐ 01684    ☐ 01685    ☐ 01686    ☐ 01687    ☐ 01688

Private Banking Customers only:

☐ 00-091 100      ☐ 00-092 100      ☐ 00-093 100      ☐ 00-094 100

PI Customer Number: USIPFS \_\_\_\_\_

TERMS & CONDITIONS

I/We request the Bank to convert my/our existing Account(s) to HSBC Premier. I/We agree that the information given above is true and complete and that I/We have received the Bank's HSBC Terms and Conditions for the Operation of Accounts and Electronic Banking Services and Global 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 instruction, signature details and documentation associated with operations of my/our Account(s) is to be the same as already held at your office unless otherwise specified. I/We agree that the proceeds of any insurance claimed under any scheme attached to the new Account, if any, will be automatically set off by the Bank against any debit in any Account of mine/ours.

I/We note that if I/We elect to use the Personal Internet Banking service, I/We will be required to accept the relevant Personal Internet Banking service terms and conditions online. I/We agree that where I/We accept the Personal Internet Banking service terms and conditions online. I/We agree to accept and be bound by them and any subsequent amendments whether set out in English and/or Arabic.

I hereby request and authorise the Bank to grant me the ability to make Third Party Fund Transfers \*\* 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 services (as such service may be amended, replaced or varied from time to time.)

\*Third Party Fund Transfers - defined as any funds transfers other than transfers between my own Accounts held with HSBC UAE or to effect bill payments.

Signing Instruction:    ☐ Single    ☐ Joint    ☐ Either/or    ☐ Others

Name 1. \_\_\_\_\_ Signature 1. \_\_\_\_\_

Name 2. \_\_\_\_\_ Signature 2. \_\_\_\_\_

Name 3. \_\_\_\_\_ Signature 3. \_\_\_\_\_

FOR BANK USE ONLY

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

Authorised signature	Stamp	Date

Market Sector Code

☐ 01680    ☐ 01681    ☐ 01682    ☐ 01683    ☐ 01684    ☐ 01685    ☐ 01686    ☐ 01687    ☐ 01688

Private Banking Customers only:

☐ 00-091 100    ☐ 00-092 100    ☐ 00-093 100    ☐ 00-094 100

PI Customer Number: USIPFS \_ \_ \_ \_ \_

## استمارة تحويل حساب HSBC Premier

Effective Date: 15 December 2021

يرجى تقديم <input type="checkbox"/> خدمة HSBC Premier <input type="checkbox"/> البلد: _____ الفرع: _____ التاريخ: _____		
رقم حسابي: _____ نوع حسابي: <input type="checkbox"/> حساب جاري <input type="checkbox"/> ادخار كشوفات يرجى تحديث بياناتي الشخصية		
صاحب الحساب (٢)	صاحب الحساب (١)	اللقب
السيد/السيدة/الآنسة/غير ذلك	السيد/السيدة/الآنسة/غير ذلك	الاسم كما هو على بطاقة الخصم (١٩ حرف بما في ذلك المسافات، بدون رموز خاصة)
<input type="text"/>	<input type="text"/>	<input type="text"/>
		الجنسية
		رقم جواز السفر
		بلد الميلاد
		اسم جهة العمل
ص.ب	ص.ب	عنوان جهة العمل
		المركز الوظيفي
		المهنة
		سنوات العمل لدى جهة
		جهة العمل السابقة
		الراتب (درهم إماراتي)
		دخل آخر (درهم إماراتي)
		عنوان المراسلات
		إذا كانت الإقامة في العنوان المذكور تقل عن ٣ سنوات، يرجى ذكر تفاصيل عنوان الإقامة السابق
لا <input type="checkbox"/> نعم <input type="checkbox"/>	لا <input type="checkbox"/> نعم <input type="checkbox"/>	هل يوجد لديك جنسيات متعددة أو بطاقة خضراء؟
الجنسية ١ _____ الجنسية ٢ _____ الجنسية ٣ _____	الجنسية ١ _____ الجنسية ٢ _____ الجنسية ٣ _____	إذا كانت الإجابة نعم، يرجى ذكر كافة الجنسيات، أما إذا كانت الإجابة لا، يرجى ذكر الجنسية ١ فقط
		عنوان البريد الإلكتروني
رقم هاتف (المكتب)	رقم هاتف (السكن)	رقم هاتف (المكتب)
رقم هاتف (السكن)	رقم هاتف (المكتب)	رقم هاتف (السكن)

موبايل		
بالنسبة إلى حسابات الوديعة لأجل:		نوع المنتج
المدة	المبلغ	العملة
لتسجيل وديعتي/وديعتنا يرجى		الخصم من الحساب رقم
<b>تعليمات الاستحقاق</b> يرجى دفع المبلغ الأصلي + الفائدة من خلال: <input type="checkbox"/> الحساب رقم <input type="checkbox"/> نقداً <input type="checkbox"/> أمر صرف DD/TT/ <input type="checkbox"/> تجديد المبلغ الأصلي لوديعتي فقط <input type="checkbox"/> تجديد المدة <input type="checkbox"/>		
يرجى دفع الفائدة من خلال: <input type="checkbox"/> الحساب رقم <input type="checkbox"/> نقداً <input type="checkbox"/> أمر صرف DD/TT/ <input type="checkbox"/> تجديد المبلغ الأصلي لوديعتي + الفائدة <input type="checkbox"/> تجديد المدة <input type="checkbox"/>		