

Personal Banking Account Opening Application Form



Personal Banking Account Opening Application Form

Date: / /

Branch:

	Account Holder (1)	Account Holder (2)	Account Holder (3)
Personal Details			
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Others _____
Full Name (as per passport)			
Name as it should appear on the Debit Card (19 characters including spaces, no special characters)	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport No.			
Emirates ID No.			
Date of Birth			
Country 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
Do you have Multiple Nationalities?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes (Please provide multiple Nationalities)	Nationality 1	Nationality 1	Nationality 1
If No (Please provide only Nationality 1)	Nationality 2	Nationality 2	Nationality 2
	Nationality 3	Nationality 3	Nationality 3
Country of Residence			

Employment Details			
Employer			
Occupation			
Years with this Employer			
Previous Employer			
Years with Prev. Emp.			
Salary (AED)			
Other Income (AED)			
Household Income (AED)			

Contact Details			
Employer address	Dept./ID	Dept./ID	Dept./ID
	Building (name/no.)	Building (name/no.)	Building (name/no.)
	Street (name/no.)	Street (name/no.)	Street (name/no.)
	Floor Area	Floor Area	Floor Area
	P.O. Box: Emirate	P.O. Box: Emirate	P.O. Box: Emirate
Work Telephone No.			
Mobile No.			
Home address (in UAE)			
Residing at this address since (DD/MM/YY)			
If residing at the stated address for less than 3 years, please provide your previous residence address details			

	Account Holder (1)	Account Holder (2)	Account Holder (3)
Home Telephone No.			
Permanent address (in home country)			
Telephone No. (in home country)			
Correspondence address	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other _____	<input type="checkbox"/> Work <input type="checkbox"/> Home <input type="checkbox"/> Other _____
Joint Accounts: Please mail all correspondence to the address of (please mark one only). Account Holder <input type="checkbox"/> No. 1 <input type="checkbox"/> No. 2 <input type="checkbox"/> No. 3			

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/YYYY

Child Name _____ Date of Birth DD/MM/YYYY

Child Name _____ Date of Birth DD/MM/YYYY

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 _____

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 _____ By: ☐ Phone ☐ Mobile ☐ e-mail

And during the weekend in the ☐ Morning ☐ Afternoon ☐ Evening

At: ☐ Business ☐ Home ☐ Others _____ By: ☐ Phone ☐ Mobile ☐ e-mail

Preferred Account Type

☐ Current ☐ Statement Savings ☐ Non-Checking ☐ Call Deposit ☐ Time Deposit ☐ Other _____

Currency

☐ AED ☐ USD ☐ EUR ☐ GBP ☐ Other (specify) _____

My Preferred Banking Package / Service

☐ Salary Based ☐ Balance Based

Your Liabilities

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

Your Assets

	Bank / Company Name	Balances	Monthly Plan
Investments			
Term Deposit			
Cash			
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 Debit Card
☐ HSBC Cheque Book(s) (if applicable) Quantity _____ (25 leaves each)
☐ HSBC 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 _____
currency Amount
Credit Notifications for amount exceeding _____
currency Amount
Balance Notifications if balance falls below _____
currency Amount
or exceeds: _____
currency Amount

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.

* 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.

My Reference Details

- ☐ Previous Bank ☐ Existing Account Holder ☐ HSBC staff ☐ Company Introduction

Declaration

I agree that the information given above is true, accurate and complete and that I have read the HSBC Personal Banking General Terms and Conditions (UAE) ("General Terms"), the current version of which is available on www.hsbc.ae, and I expressly agree and accept to be bound by them (as amended from time to time). I understand that the General Terms shall apply to my personal account(s) that I hold with HSBC Bank Middle East Limited in the UAE ("Bank") from time to time. I am aware that if I use the Personal Internet Banking service, I will be deemed to have accepted the Bank's Personal Internet Banking Agreement (as amended from time to time), which is available on Personal Internet Banking, accessible via www.hsbc.ae. I agree and accept to be bound by the Bank's Schedule of Services and Tariffs (as amended from time to time), the current version of which is available on www.hsbc.ae.

By signing below I acknowledge and agree that any electronic method of acceptance used by the Bank in connection with its personal banking products and services (including, without limitation, use of digital or electronic signatures, indications of acceptance by ticking a check box on electronic forms or digital platforms) ("Electronic Consent") shall constitute full and binding legal acceptance by me of any applicable terms and conditions as well as any future changes, amendments or supplements to such terms and conditions as may be applicable from time to time, as if I had accepted such terms and conditions in writing. All relevant laws and regulations applicable to acceptance of contracts via electronic methods will apply and I acknowledge that the Bank's records as to any such form of Electronic Consent shall be binding and shall not be challenged on the basis that they are available only in electronic or digital format. I agree that no certification authority or other third party verification is necessary to validate my Electronic Consent and that the lack of such certification or third party verification will not in any way affect the enforceability of my Electronic Consent or the validity of terms and conditions between me and the Bank.

Joint Accounts Only

We acknowledge that the provisions for the joint account mandates are set out in the Personal Banking General Terms and Conditions.

Signing Instructions (Joint Account only)

- ☐ JOINTLY ☐ EITHER/OR ☐ OTHERS _____

Name _____

Name _____

Name _____

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

HSBC Credit Card Application Form

Date: / /

Branch:

(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 Cashback

Name as it should appear on the Card
(Limit of 19 Characters)

Supplementary Card(s)

Please issue Supplementary Cards for the following:

First Supplementary Card Applicant

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others

Name as it should appear on the Card

☐ Male ☐ Female Date of Birth / /

Relationship: ☐ Spouse ☐ Child ☐ Parent ☐ Brother ☐ Sister ☐ Other

Mobile Number:

Second Supplementary Card Applicant

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Others

Name as it should appear on the Card

☐ Male ☐ Female Date of Birth / /

Relationship: ☐ Spouse ☐ Child ☐ Parent ☐ Brother ☐ Sister ☐ Other

Mobile Number:

Limit on Supplementary Card(s)

I would like to share my existing credit limit with my

First Supplementary Cardholder ☐ Yes ☐ No

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

Second Supplementary Cardholder ☐ Yes ☐ No

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 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

Will also be applicable for Separate Limit Supplementary Cards

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 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 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 premium of 0.60% 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:

☐ No ☐ Yes _____ (customer signature)

Benefits are subject to the Terms and Conditions of the policy. For full details, please refer to 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 Personal Banking General Terms and Conditions(UAE) and the HSBC Credit Card Agreement Terms accompanying the HSBC Card(s) available on www.hsbc.ae (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 HSBC Personal Banking General Terms and Conditions(UAE) and the HSBC Credit Card Agreement Terms 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 HSBC Personal Banking General Terms and Conditions(UAE) and the HSBC Credit Card Agreement Terms which govern the ATM facility as stated in the HSBC Personal Banking General Terms and Conditions(UAE) and the HSBC Credit Card Agreement Terms available on www.hsbc.ae

In addition to Section 7 of the HSBC Personal Banking General Terms and Conditions (UAE): I agree that HSBC may disclose my information to any third party in order to verify the information that I have provided to HSBC, including contacting my employer to verify my employment status and any other information in connection with my employment. I agree that HSBC can share information with credit reference agencies/bureaus and use information available from public sources to verify my identity and suitability for a Credit Card. I agree that when I apply for a Credit Card (or any other credit facility with HSBC) then as part of my application, HSBC may, on an ongoing basis, request reports from credit reference agencies/bureaus to assess my ability to meet my financial commitments without further consent from me. I understand that to request multiple reports from credit reference agencies/bureaus may negatively impact my credit score which may make it difficult for me to obtain credit in the future.

I confirm that I have been made aware of the current benefits available in respect of my HSBC Card, including any free insurance benefits, and have been referred to the website www.hsbc.ae/1/2/personal/banking/cred-cards for more information on such benefits, which may be amended from time to time at HSBC’s discretion.

Primary Card Applicant Signature _____ Date: _____

Declaration of Separate limit Supplementary Card Applicant(s)

I, the HSBC Supplementary Card applicant acknowledge that the use of my Supplementary Card will be subject to the HSBC Personal Banking General Terms and Conditions(UAE) and the HSBC Credit Card Agreement Terms available on www.hsbc.ae (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 Personal Banking General Terms and Conditions(UAE) and the HSBC Credit Card Agreement Terms available on www.hsbc.ae

Supplementary Card Applicant 1 Signature _____ Date: _____

Supplementary Card Applicant 2 Signature _____ Date: _____

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
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Additional Maintenance

Service charge exemption ☐ Yes ☐ No

Additional / New Debit Card required in the names of (Joint Accounts)

1.
2.
3.

International Customer Number:

Relationship managed by:

(For Joint Accounts only)

Customer Number 1:	Customer Number 2:	Customer Number 3:
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Remarks:
.....

HSBC Visa Platinum Cashback Credit Card

Customer Acknowledgement Form

Customer Acknowledgment

- ☐ I/We agree that the information provided is true, accurate and complete. I/we confirm that I/we have been informed that by signing this customer acknowledgement form I/we accept and will be bound by the HSBC Personal Banking General Terms and Conditions (UAE), the HSBC Credit Card Agreement Terms (UAE), the Cashback Credit Card Terms and Conditions (UAE) and the Schedule of Services and Tariffs (as applicable), as amended from time to time, the latest version of which can be found at **www.hsbc.ae**. I/we confirm that I/we have been informed to read these terms and the tariff sheet
- ☐ I/We understand and accept that in relation to the HSBC Visa Platinum Cashback Credit Card, an annual fee applies as set out in the Schedule of Tariffs as amended from time to time available at **www.hsbc.ae**
- ☐ I/We understand that the benefits and features are set out on **www.hsbc.ae** and may be subject to change at any time at the Bank's discretion.

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

Primary Credit Card Applicant:

Name

Supplementary Credit Card Applicant (1):

Name

Supplementary Credit Card Applicant (2):

Name

Supplementary Credit Card Applicant (3):

Name