

Customer Number

Date

A. CUSTOMER DETAILS

APPLICANT 1

Individual Customer Number

Title: Mr Mrs Miss Ms Dr Other _____

First Name/s

Surname

APPLICANT 2

Individual Customer Number

Title: Mr Mrs Miss Ms Dr Other _____

First Name/s

Surname

B. TELEPHONE / INTERNET BANKING

Access Requested Reset PIN Cancel Access

Online Security Device

Telephone and internet banking

These facilities cannot be issued if more than one signature is required to operate the account.

Account Number(s) to be Accessed

C. CHEQUE BOOK / DEPOSIT BOOK

Supply cheque book on account number
 25 leaf 100 leaf Bearer Non Trans

Supply deposit book on account number

Cancel cheque book facility on account number

D. ATM CARD

Please link my/our account to an ATM card(s).

Account No.

Name to appear on card - applicant 1

Name to appear on card - applicant 2

ATM Card

An ATM card cannot be issued if more than one signature is required to operate the account.

E. DESPATCH INSTRUCTIONS

Mail to statement address

Mail to other _____

F. SIGNATURES

I/We hereby acknowledge that the ATM card is subject to the Personal Financial Services Terms and Conditions and the HSBC Card Terms and Conditions which I/we will receive with my/our new ATM card(s).

Signature Applicant 1

SV

Signature Applicant 2

SV

Fax to 0800 80 30 80 (09 918 3625)

BRANCH USE ONLY

Signature verified by name

Signature

Date

One to sign: Yes No