

CUSTOMER INFORMATION (please complete ALL sections)

Name of Limited Company / Business / Club / Society / Association: _____

Current Account(s) linked / to be linked with Business ATM Card (Note: You may link up to 3 accounts under the same company):

Primary Account No. : _____

Secondary Account 1 (if any): _____

Secondary Account 2 (if any): _____

Business Tel. No : _____ Fax No : _____

Delivery Options for ATM card : Collect at HSBC Branch Preferred branch : _____

Send to company address by registered mail (Charges apply for overseas delivery)

SECTION I. CARD / PIN REPLACEMENT (please tick and complete the details where applicable)

The request can be made and must be signed by the Authorised Delegate.

Account Number embossed on Card : _____

Issue No : _____

Please :

Issue me a replacement card

Replacement reason (Lost or Damaged) : _____

Send me a new PIN

(NOTE: A new PIN advice will be sent through normal mail to company address)

Reset my PIN

(NOTE: No PIN advice will be sent out for this option)

NOTE: The Primary Account indicated above will be debited with the appropriate prevailing replacement card charges.

Signature of Delegate

SECTION II. ADDITION / REMOVAL & AMENDMENT ON AUTHORISED DELEGATE/S

Please be reminded that a maximum of 4 Authorised Delegates (AD) are allowed. If 4 Authorised Delegates have already been nominated, at least one must be removed before any addition can be effected. For new-to-bank ADs, please provide a copy of their IC or Passport.

1. Authorised Delegate

Add new Delegate

Remove Delegate

Change of Service & Limit of existing Delegate

Name: _____ IC / Passport No.: _____

Tel. No.: _____ Email Address: _____

Service(s) Required

(Please select any / all preferred)

Add Remove

- | | | |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cash Withdrawal |
| <input type="checkbox"/> | <input type="checkbox"/> | Local Transfer / Credit Card Payment |
| <input type="checkbox"/> | <input type="checkbox"/> | Bill Payment |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Balance Enquiry |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Activity Enquiry |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement & Cheque Book Request |

Change Daily Card Limit
(Maximum of BND4,000)

BND _____ **
BND _____ **
BND _____ **

Preferred Language:

- English
 Bahasa Melayu
 Mandarin

Please state to / from which account this card will be linked / removed.

Add Remove

- | | | |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Primary Account |
| <input type="checkbox"/> | <input type="checkbox"/> | Secondary Account 1 |
| <input type="checkbox"/> | <input type="checkbox"/> | Secondary Account 2 |

Signature of Delegate

2. Authorised Delegate

Add new Delegate Remove Delegate Change of Service & Limit of existing Delegate

Name: _____ IC / Passport No.: _____

Tel. No.: _____ Email Address: _____

Service(s) Required

(Please select any / all preferred)

Add Remove

- | | | | |
|--------------------------|--------------------------|--------------------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cash Withdrawal | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Local Transfer / Credit Card Payment | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Bill Payment | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Balance Enquiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Activity Enquiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement & Cheque Book Request | |

Change Daily Card Limit
(Maximum of BND4,000)

Preferred Language:

- English
 Bahasa Melayu
 Mandarin

Please state to / from which account this card will be linked / removed.

Add Remove

- Primary Account
 Secondary Account 1
 Secondary Account 2

Signature of Delegate

3. Authorised Delegate

Add new Delegate Remove Delegate Change of Service & Limit of existing Delegate

Name: _____ IC / Passport No.: _____

Tel. No.: _____ Email Address: _____

Service(s) Required

(Please select any / all preferred)

Add Remove

- | | | | |
|--------------------------|--------------------------|--------------------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cash Withdrawal | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Local Transfer / Credit Card Payment | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Bill Payment | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Balance Enquiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Activity Enquiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement & Cheque Book Request | |

Change Daily Card Limit
(Maximum of BND4,000)

Preferred Language:

- English
 Bahasa Melayu
 Mandarin

Please state to / from which account this card will be linked / removed.

Add Remove

- Primary Account
 Secondary Account 1
 Secondary Account 2

Signature of Delegate

4. Authorised Delegate

Add new Delegate Remove Delegate Change of Service & Limit of existing Delegate

Name: _____ IC / Passport No.: _____

Tel. No.: _____ Email Address: _____

Service(s) Required

(Please select any / all preferred)

Add Remove

- | | | | |
|--------------------------|--------------------------|--------------------------------------|--------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Cash Withdrawal | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Local Transfer / Credit Card Payment | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Bill Payment | BND _____ ** |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Balance Enquiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Account Activity Enquiry | |
| <input type="checkbox"/> | <input type="checkbox"/> | Statement & Cheque Book Request | |

Change Daily Card Limit
(Maximum of BND4,000)

Preferred Language:

- English
 Bahasa Melayu
 Mandarin

Please state to / from which account this card will be linked / removed.

Add Remove

- Primary Account
 Secondary Account 1
 Secondary Account 2

Signature of Delegate

SECTION III. UTILITY BILL PAYMENT (Optional)

Please fill-in this section if you have selected bill payment service for any of your Authorised Delegates. All merchants listed below are accessible to all ADs.

Add	Remove		
<input type="checkbox"/>	<input type="checkbox"/>	Name of Merchant: _____	Bill Reference No : _____
<input type="checkbox"/>	<input type="checkbox"/>	Name of Merchant: _____	Bill Reference No : _____
<input type="checkbox"/>	<input type="checkbox"/>	Name of Merchant: _____	Bill Reference No : _____
<input type="checkbox"/>	<input type="checkbox"/>	Name of Merchant: _____	Bill Reference No : _____

List of Bill Payments Merchants: (Please refer to HSBC website (www.hsbc.com.bn) for the latest list of merchants).

AIA Co Ltd Premium	HSBC Finance (B) Ltd	Pantai Mentiri Golf Club
Century Travel Centre Sdn Bhd	International School Brunei	Royal Brunei Yacht Club
DSTCom Sdn Bhd	Jerudong International School	TelBru
Great Eastern Life Co Ltd	Kristal-Astro Sdn Bhd	

SECTION IV. DECLARATION

- I / We wish to request changes for HSBC's Business ATM Card Service (herein referred to as "the BAC Service") and hereby acknowledge that the use of the BAC Services is subject to HSBC's General Terms & Conditions (available at <http://www.hsbc.com.bn>) and such amendments thereto as HSBC shall time to time impose.
- I / We confirm that I / we have read, understood, and accepted all the said Terms & Conditions and am / are also aware they are available at <http://www.hsbc.com.bn>.

To be signed by:

- For SOLE PROPRIETORSHIP – the Sole Proprietor below
- For PARTNERSHIP – all Partners below
- For LIMITED COMPANY – the number of Directors as stated in the company's Memorandum and Articles of Association or person authorised by a Board Resolution
- For REGISTERED CLUB / SOCIETY / ASSOCIATION – by such number of Office Bearers constituting a quorum for meeting of its governing body

A. Full Name in BLOCK letters : _____
IC / Passport No. : _____

Signature

B. Full Name in BLOCK letters : _____
IC / Passport No. : _____

Signature

C. Full Name in BLOCK letters : _____
IC / Passport No. : _____

Signature

D. Full Name in BLOCK letters : _____
IC / Passport No. : _____

Signature

Company Chop / Stamp (If any)

SECTION V. FOR BANK USE ONLY

Customer Details & Signature(s) Verified By: _____

Input By : _____ Date Received: _____

Approved By : _____ Date Input : _____