

## CREDIT CARD INSTRUCTION FORM

Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Customer ID Type/No.: \_\_\_\_\_ Office Tel. \_\_\_\_\_

Contract Exp Date (for expatriate): \_\_\_\_\_ Home Tel / Mobile \_\_\_\_\_

Employment Pass Exp Date: \_\_\_\_\_  Please amend my telephone number(s)

### Credit Card Details

	<u>Existing</u>	<u>Expiry Date</u>	<u>New (if applicable)</u>	<u>Expiry Date</u>
VISA Card No. _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____
MasterCard No. _____	<input type="checkbox"/>	_____	<input type="checkbox"/>	_____

Please tick or \*cancel where relevant

- Please process a **new PIN(s)** for my above-mentioned credit card(s). The new PIN(s) fee may / may not\* be charged.
- Please mail to me     To be collected at \_\_\_\_\_ branch
- Please **replace** my above-mentioned credit card(s). The replacement card fee(s) may/may not\* be charged to the card account. Reason for replacement:
- Lost card
- Damaged or bent
- Destroyed for NON-Collection
- Card does not work. Message received \_\_\_\_\_
- Others; Please specify \_\_\_\_\_
- Please **amend** my **credit card billing address** to the following:
- \_\_\_\_\_
- Please **change my credit card payment due date** to 28th / 5th\* of each month. Note: The new payment due date will be effective after the next credit card billing payment
- Please **change my account settlement options** to:
- Visa Card     **Cash / Cheque**
- Autopay instruction**. Please debit \_\_\_\_\_ % (Please specify between 5% minimum - 100%)  
from my/our account no. \_\_\_\_\_ for the monthly repayment of my card outstanding.
- MasterCard     **Cash / Cheque**
- Autopay instruction**. Please debit \_\_\_\_\_ % (Please specify between 5% minimum - 100%)  
from my/our account no. \_\_\_\_\_ for the monthly repayment of my card outstanding.
- Please **increase/decrease\*** my **credit card limit** from \_\_\_\_\_ to \_\_\_\_\_ with effect from \_\_\_\_\_
- Permanently     Temporarily \_\_\_\_\_ days (up to 60 days only)

### DECLARATION

I hereby declare that the information given above is correct and complete.

DOCS COMPLETE & SIGNATURE VERIFIED	
OFR	CLK

\_\_\_\_\_

Customer Signature

Date: \_\_\_\_\_

### FOR BANK USE ONLY

Customer No. \_\_\_\_\_ Card Account No : 028 \_\_\_\_\_ Date \_\_\_\_\_

\* Please provide the following documents for increase of limit request:

- Copy of IC
- Copy of payslip
- Copies of account statement/passbook for last 3 months' transactions
- Latest contract for expatriate/employment pass

PRESENT LIMIT \_\_\_\_\_

CR LIMIT REQUEST \_\_\_\_\_

Temporary increased period <60 Days                      Y / N

**CREDIT CARD CHECKLIST FOR INCREASE LIMIT**

**Performance Checking**

Yes No

- 1 No facility account is in excess or in arrears
- 2 No card account is delinquent  
  - Level 1 \_\_\_\_\_ time      Level 3 \_\_\_\_\_ time      Level 5 \_\_\_\_\_ time      Level 7 \_\_\_\_\_ time
  - Level 2 \_\_\_\_\_ time      Level 4 \_\_\_\_\_ time      Level 6 \_\_\_\_\_ time      Level 8 \_\_\_\_\_ time
- 3 No card account is restricted from reissue
- 4 No card account with permanent limit increased within the last 6 months
- 5 No card account with permanent limit decreased within the last 6 months
- 6 No card account with temporary limit in effect
- 7 No card account with cash advance balance to limit ratio >= 80%
- 8 Customer has no restructured facilities
- 9 HCC card status = 'N' (normal)
- 10 Account balance for the last statement > 0 (Zero)
- 11 Where applicable establish an account activity profile (recommended Account has recorded transaction in any one of the most recent 3 months)
- 12 Establish an acceptable account age (recommended Account age > 6 months)
- 13 NOT a secured account, i.e. Account limit category is 'unsecured'
- 14 C35 consulted

**Metrics**

**Maintenance**

	Behaviour Score	Last Statement Balance	Total ( Cash + Sales)	% TP/ LSB
VC / VP				
MC / MG				

Workstation ID	Date	Maintenance Input	Maintenance Approve

**INCOME/COMMITMENTS**

**Net Total Monthly Income:**

Basic Salary BND \_\_\_\_\_

Fixed Allowances BND \_\_\_\_\_

Other Monthly Income (Dividends, Commission, Rental) BND \_\_\_\_\_

**TMI** BND \_\_\_\_\_

**Total Monthly Expenses:**

Living Expenses (20% TMI or BND450 whichever higher) BND \_\_\_\_\_

Credit Card Repayments (notional 5% of total card limits) - HSBC BND \_\_\_\_\_

- Other Banks BND \_\_\_\_\_

Loan Repayments ( HSBC, Other Bank ) BND \_\_\_\_\_

HSBC overdraft - 5% of the limit(s) BND \_\_\_\_\_

Standby credit limit - 1.8% of the limit BND \_\_\_\_\_

Hire Purchase Repayments BND \_\_\_\_\_

Standing Instructions BND \_\_\_\_\_

Other Deductions - TAP BND \_\_\_\_\_

- ESH BND \_\_\_\_\_

- Rental BND \_\_\_\_\_

**TME** BND \_\_\_\_\_

Net Disposable Income = TMI - TME + Living Expenses BND \_\_\_\_\_

DIR = TME / TMI \_\_\_\_\_ % (Max 90%)

**COMMENTS**

\*\* The parties that certify that they have checked and verified the above details which are correct, and that the facilities have been recommended/approved based on authority/limits granted by the Bank

**Limit:**  
**Minimum Repayment:**

** Recommended	** Approved/Declined
	<input type="checkbox"/> GLA <input type="checkbox"/> SLA
Date:	Date: