

4. My Financial References

Other bank details			Other credit cards held		
Bank	Type of Account	Account No.	Name of Issuer	Credit Card No.	Credit Limit
1. _____	_____	_____	1. _____	_____	_____
2. _____	_____	_____	2. _____	_____	_____

5. My account settlement options

Select the payment date: Every 28th (default) or 5th of the month
 Note: Where the elected payment date falls on a public holiday or Sunday, the payment date will be amended to one day before for that affected month and will be reflected in the monthly credit card statement. Payment should be made by the date specified in the monthly credit card statement. Effective date for credit card bill payment is available at www.hsbc.com.bn
 Select your preferred settlement *

Cash / Cheque
 Auto-debit instruction: please debit my/our HSBC account no. [][][][] - [][][][][][][][][] - [][][][]
 in settlement of Minimum payment (8%) _____ % of current balance (to the nearest 5%) Full payment

6. Access to HSBC accounts(s)

ATM link account 1 [][][][] - [][][][][][][][][] - [][][][] ATM link account 2 [][][][] - [][][][][][][][][] - [][][][]

7. Other instructions

Link Time Deposits:
 Please hold the amount [][][][][][][][][] in the currency of [][][] from my TMD account no. [][][][] - [][][][][][][][][] - [][][][] against the credit limit, and release only upon cancellation / settlement of the credit card and any floating bills and / or nil chargebacks pending.

Upgrades / Downgrades:
 Please cancel my following credit card(s):
 1 [][][][][] - [][][][][] - [][][][][] - [][][][][]
 2 [][][][][] - [][][][][] - [][][][][] - [][][][][]
 and transfer the outstanding balance / reward points to my new card account:
 MasterCard® Classic Visa Classic Visa Platinum
 MasterCard® Gold Visa Gold
 Premier MasterCard® Visa Advance

- Reward points are ONLY allowed to be transferred if it is an upgrade.
 - Acceleration handling fee for 0% Instalment Plan (refer to the General Tariff) will be charged to the card account if the cardholder cancels the card account prior to the full and final settlement purchase price. This fee is in addition to the cardholder making full and final settlement of the instalment purchase price.

8. Statement / Courier details

Please send my monthly statement / card via courier to:
 Current local residential address Office Address***
 For residents of Kampong Ayer and Temburong only, please send my card to _____ branch for pick-up.
 *** For Non Government or Non Semi-Government offices only

9. Declaration

I confirm that I am aged 21 years and above.
 I confirm that the information given above is correct and complete, and authorise The Hongkong and Shanghai Banking Corporation Limited ("the Bank") to verify all information from whatever sources that the Bank may choose.
 I acknowledge that the use of the credit card(s) is subject to the terms and conditions in the Bank's Visa and MasterCard Cardholder Agreement, a copy of which shall be sent to me with my credit card(s) on approval of this application.
 For expatriate customers / TMD secured Cards:
 I understand that in the event I may choose to cancel my credit card(s) (including any supplementary credit card issued under my credit card account), the cancellation shall only be effective after three (3) months of the Bank's receipt of the cancellation instruction. I agree that I may be liable for any payments arising from the use of my credit card(s) including amounts for transactions not yet processed, accrued interest charges not yet debited and other charges which may be levied on the credit card.
 I understand that, if a supplementary credit card is applied for, I will be jointly and severally liable for the use of both the primary card as well as the supplementary credit card issued by the Bank to my nominated supplementary cardholder.
 I declare that I am not delinquent in repaying any credit facilities (including but not limited to any existing credit card I may have under my name) with any financial institution. I am not a bankrupt or undischarged bankrupt, I have no intention to declare bankruptcy and I am not aware of any bankruptcy proceedings made against me.

S.V
& C35

Primary cardholder signature
 Date:

For Bank Use only

PB Name:	Customer No.:	Corporate Client	World Check:	System KYC details highlighted to customer and updated:
	Market Sector:			
Sales Force ID:	Marketing Programme:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> N/A

Additional Comments (mandatory for exceptions and ELA):

Name: _____ Signature: _____ Date: _____