

ACCOUNT SERVICES FORM

Country: Pakistan Branch Date
 Customer(s) Name(s) Account Number

Please update personal details (applicable only if details have changed)

YOUR PERSONAL DETAILS

	Applicant 1-Customer No	Applicant 2 - Customer No
ID Details	Type Number Expiry Date	Type Number Expiry Date
Residential Address	No. Street City Postal Code/Zip Code	No. Street City Postal Code/Zip Code
Preferred Mailing Address	No. Street City E-mail	No. Street City E-mail
Telephone Numbers	Office Ext. Residence Mobile Fax	Office Ext. Residence Mobile Fax
Employment Details	Organization Address Occupation	Organization Address Occupation
Residential Address in home country (for expats only)	No. Street City Country Postal Code/Zip Code	No. Street City Country Postal Code/Zip Code
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other.....	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other.....

Please change my/our statement cycle date to Paper Statement e-Statement
 Bi-Annual Annual Other.....

PLEASE PROVIDE ME WITH THE FOLLOWING SERVICE(S)

<p>Internet Banking</p> <p><input type="checkbox"/> Link the below Account(s)</p> <p>1) 2) 3)</p>	<p>Cheque Book</p> <p>No. of Cheque Books (50 leaves per book)</p>	<p>ATM Card</p> <p>New <input type="checkbox"/> Card & PIN <input type="checkbox"/> Replacement Card PIN Issue No..... <input type="checkbox"/> Link the below Account(s)</p> <p>1) 2) 3) <input type="checkbox"/> Card Cancellation Issue No.</p>
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Please forward the above:
 To HSBC Branch.....
 To my preferred mailing address



ATM CARD LOST/STOLEN REPORT

Incident: Lost Stolen Never Received Date Time am/pm
Reported by: In Person Mail Telephone E-mail Third Party

Reporter's Name and Address (complete if Reporter is not the Cardholder):

- I do not require a replacement card.
- Please issue me a replacement card and: mail it to my preferred address
 I will collect it from branch

(For any charges, please debit my/our Account number)

SIGNING INSTRUCTIONS/CHANGE

- Apply this signature for this new account only.
- Apply this signature for all my personal single accounts.
- Apply this signature for all my personal joint accounts.

THIRD PARTY FUNDS TRANSFER LIMITS

I hereby request and authorize the Bank to grant me the ability to make Third Party Funds Transfers to the extent (as per the daily amount specified below) from time to time permitted by the Bank when using HSBC Personal Internet Banking or/and Phone Banking Services, or any other relevant service (as such service may be amended, replaced or varied from time to time).

I acknowledge that I have received the General Terms and Conditions for the Operation of Accounts and Electronic Banking Service, and I agree that the operation of my accounts be governed inter alia by such Terms and Conditions as they may be amended from time to time.

I note that the if I elect to use HSBC Personal Internet Banking Service, I will be required to accept the relevant HSBC Personal Internet Banking Service Terms and Conditions on-line. I agree that where I accept the HSBC Personal Internet Banking Terms and Conditions on-line, I will be agreeing to accept and be bound by them and any subsequent amendments.

The Third Party Funds Transfer Limit I require is (PKR) (Not to exceed 2,500,000 per day)

Third Party Funds Transfer - defined as any funds transfer other than transfers between my own accounts held with HSBC Pakistan or to effect bill payments.

DECLARATION

I/we agree and confirm that the information given above is true to the best of my/our knowledge, information and belief. I acknowledge that I have received the General Terms and Conditions for Operation of Accounts and Electronic Banking Service ,and I/we agree to be bound by them.

I note that if I elect to use HSBC Personal Internet Banking Service, I will be required to accept the relevant HSBC Personal Internet Banking Service Terms and Conditions on-line, I will be agreeing to accept and be bound by them and any subsequent amendments.

Name:

Name:

Signature Applicant (1)

Signature Applicant (2)