

HSBC Branches in Pakistan

HSBC KARACHI

- ▶ **Shaheen Complex Branch**
Shaheen Complex, M.R. Kiyani Road,
Karachi. Tel: (021) 111-852-852
- ▶ **Defence Branch**
C - 38- D, Main 26th Street,
Tauheed Commercial Street,
Phase V, DHA, Karachi.
Tel: (021) 35833182-84
- ▶ **Clifton Premier Branch**
Building No. BC-1, Ground Floor,
Al-Karam Center,
Block 7, Clifton, Karachi.
Tel: (021) 111-000-852
- ▶ **Shahrah-e-Faisal Branch**
Ground Floor, Citi Tower,
Plot No. 33-A, Block-6, P.E.C.H.S,
Shahrah-e-Faisal, Karachi.
Tel: (021) 34373263

HSBC LAHORE

- ▶ **Gulberg Branch**
Building No. 3-A, Ch. Zahoor Elahi Road,
Gulberg-II, Lahore.
Tel: (042) 111-852-852
- ▶ **Model Town Branch**
Ground Floor, Central Commercial
Market Area, Model Town, Lahore.
Tel: (042) 35915601

HSBC ISLAMABAD

- ▶ **F-6 Branch**
Plot No. 6-A, F-6, Supermarket,
Islamabad. Tel: (051) 111-852-852
- ▶ **F-11 Markaz Branch**
Ground Floor, Lords Trade Centre,
Plot No. 17, F-11 Markaz, Islamabad.
Tel: (051) 2224361

HSBC RAWALPINDI

- ▶ **Saddar Cantt. Branch**
Plot No. 366, Bank Road,
Saddar Cantt, Rawalpindi.
Tel: (051) 5120201-8

HSBC FAISALABAD

- ▶ **Jail Road Branch**
Plot No. 17-B, Khatiooni No. 634,
Chak No. 212, R.B. Jail Road, Faisalabad.
Tel: (041) 111-852-852

HSBC SIALKOT

- ▶ **Cantt. Branch**
Qayyum Trade Centre,
Aziz Shaheed Road, Sialkot, Cantt.
Tel: (052) 111-852-852

Personal/Personal Joint Account Opening Form

Branch _____ Date _____

Branch Code _____

Please complete all sections of this account opening form in BLOCK LETTERS and tick (✓) boxes as appropriate.
Any alterations in the form must be signed in full by the applicant/applicants.

PREFERRED TYPE OF ACCOUNT

ACCOUNT NUMBER _____

ACCOUNT TYPE	Current	<input type="checkbox"/> Sole	<input type="checkbox"/> Joint			
	Savings	<input type="checkbox"/> PKR	<input type="checkbox"/> USD	<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> Other _____
	Monthly Profit Account	<input type="checkbox"/> PKR	<input type="checkbox"/> Other _____			

CUSTOMER DETAILS

Applicant - 1

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
First Name	_____
Middle Name	_____
Last Name	_____
Passport/CNIC Number	_____
Passport/CNIC Issue Date	_____
Passport/CNIC Expiry Date	_____
Date of Birth (dd/mm/yyyy)	_____

PERSONAL DETAILS

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	_____
Place of Birth	_____
Country of Residence	_____
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Education Level	<input type="checkbox"/> Limited/None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate

☎ 24 Hour Customer Services 0800-85202

🌐 www.hsbc.com.pk

Issued by HSBC Bank Middle East Limited, Bahria Complex III, M.T. Khan Road, Karachi, Pakistan.
Regulated by the Jersey Financial Services Commission.

HSBC 
The world's local bank

CONTACT DETAILS

Residence Address	
At this Address Since	
Permanent Address	
Email Address	
Residence Telephone #	
Mobile Telephone #	

EMPLOYMENT/BUSINESS DETAILS

Employment Status	<input type="checkbox"/> Salaried <input type="checkbox"/> Self Employed <input type="checkbox"/> Both <input type="checkbox"/> Other _____
Occupation/Nature of Business	
Name of Employer/Business	
Designation	
Employed/Business Since	
Office Address	
Office Telephone Number	
Office Fax	
Office Email	
Monthly Income (in PKR)	
Name of Previous Employer	
Number of years worked with previous employer	

ADDITIONAL DETAILS

Spouse's Name	
Spouse's Date of Birth	
Number of Children	
Name of Child	
Date of Birth	
Name of Child	
Date of Birth	
Name of Child	
Date of Birth	
Car Ownership	<input type="checkbox"/> Own <input type="checkbox"/> Parents' <input type="checkbox"/> Spouse's <input type="checkbox"/> Leased/Financed <input type="checkbox"/> No Car
Home Ownership	<input type="checkbox"/> Own <input type="checkbox"/> Rented <input type="checkbox"/> With Parents <input type="checkbox"/> Company Residence <input type="checkbox"/> Spouse's

CONTACT PREFERENCES

Language Preference	Written	<input type="checkbox"/> English	<input type="checkbox"/> Urdu	<input type="checkbox"/> Other _____	
	Spoken	<input type="checkbox"/> English	<input type="checkbox"/> Urdu	<input type="checkbox"/> Other _____	
Preferential Contact Time	Weekday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> No Contact
	Location	<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> No Preference	<input type="checkbox"/> N/A
Channel		<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mobile	<input type="checkbox"/> Telephone
		<input type="checkbox"/> N/A	<input type="checkbox"/> No Preference		
Weekend	Time	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening	<input type="checkbox"/> No Contact
	Location	<input type="checkbox"/> Business	<input type="checkbox"/> Home	<input type="checkbox"/> No Preference	<input type="checkbox"/> N/A
Channel		<input type="checkbox"/> Email	<input type="checkbox"/> Fax	<input type="checkbox"/> Mobile	<input type="checkbox"/> Telephone
		<input type="checkbox"/> N/A	<input type="checkbox"/> No Preference		

Applicant - 2

Title	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.
First Name	
Middle Name	
Last Name	
Passport/CNIC Number	
Passport/CNIC Issue Date	
Passport/CNIC Expiry Date	
Date of Birth (dd/mm/yyyy)	

PERSONAL DETAILS

Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality	
Place of Birth	
Country of Residence	
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Education Level	<input type="checkbox"/> Limited/None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate

CONTACT DETAILS

Residence Address	
At this Address Since	
Permanent Address	
Email Address	
Residence Telephone #	
Mobile Telephone #	

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Customer Information

User ID _____ Work Station ID _____

Date Account Opened _____

GHO Classification _____

Market Sector Code _____

Relationship Number _____

SVC Exempt Yes No

Black List checked (ID/Passport/First/Middle/Last Name) Yes No Name & Initial _____

World Check Performed Yes No

Does the Customer belong to SCC? Yes No

In case of countries listed on Country Reputational Risk Table (CRRT), senior management authorization (Head of PFS and Head of Compliance) to be sought as appropriate. When customer(s) is/are classified as SCC, senior management's (Head of PFS and Head of Compliance) recommendation to be sought for CEO's approval.

If Existing Customer

Branch _____

Credit Card Numbers (1) _____

(2) _____

Personal Installment Loan _____

Other Products _____

Bank Staff Name _____ Signed in My Presence (Signature) _____

Relationship Manager

Branch Manager
Bank Authorized Stamp

CUSTOMER DUE DILIGENCE

Customer's Name _____

Father's/Husband's Name _____

CNIC/Passport Number _____

CNIC/Passport Expiry Date _____

Nationality _____

Country of Residence _____

Purpose of Account _____

Average Number of Transactions per Month _____

Average Anticipated Volume of Transactions per Month _____

Occupation Salaried Businessman Landlord Housewife

Student Retired Other

Education Level Limited/None Primary Secondary Graduate

Post Graduate

Source of Credit into Account Salary Government Securities Agriculture

Inheritance Other Investment _____

INCOME AND SOURCE OF WEALTH/FUNDS DETAILS

Average Monthly Salary/ Income (in PKR) _____

Other Sources of Income (if any) _____

Annual Salary/Income (in PKR) _____

Household Income (in PKR) _____

Source of Funds (Activity which generates funds for a customer; example a customer's occupation or business activity)

Source of Wealth (Describes the activities which have generated the total net worth of a person i.e those activities which have generated customer's funds and property)

Total Net Worth (Value) _____

EMPLOYMENT DETAILS

Employer's Name _____

Job Title _____

Office Address _____

Office Telephone Number _____

Office Email Address _____

BUSINESS DETAILS

Name of Business	_____
Subsidiaries & Affiliations	_____
Type of Business	<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Public Limited <input type="checkbox"/> Private Limited <input type="checkbox"/> Other _____
Nature of Business	_____
Monthly Turnover	_____
Monthly Income	_____
Number of Employees	_____

ADDITIONAL DETAILS

Other account(s) with the HSBC Group Yes No
If yes, please complete the following:
Bank/Branch _____
Account Number _____

Relationship with any HSBC Staff Yes No
If yes, please complete the following:
Name of Staff _____
Relationship with Staff _____

Accounts with other bank(s) in Pakistan Yes No
If yes, please complete the following:
Name of Bank/Branch _____
Account Number _____

I confirm that to the best of my knowledge, the above information is correct. I also confirm that I am comfortable that this client is reputable, is involved in legitimate business, derived/derives income from legitimate sources in keeping with the standards of HSBC.

Relationship Manager's Comments: _____

Relationship Manager _____ Signature Date _____

I confirm that I have reviewed the Client Profile and I am satisfied that all information required under 'Customer Due Diligence' has been obtained correctly.

Branch Manager _____ Signature Date _____

Cheque Book Application

Total Number of Cheque Books Required _____
 Number of leaves per Cheque Book 25 50
 Mail Cheque Book to Address below
 Hold for Collection
 Currency PKR USD GBP EUR Other _____
 Name (as it is to appear on cheque book) _____
 Address _____
 Account Number _____

Signature

FOR BANK USE ONLY

*Maintenance Code <input type="checkbox"/>			I hereby acknowledge the Receipt of the Cheque Book(s) requested	
No. of Cheques per book	<input type="checkbox"/>	<input type="checkbox"/>	Signature of Recipient	
Lower Cheque Number	<input type="checkbox"/>	<input type="checkbox"/>		
Higher Cheque Number	<input type="checkbox"/>	<input type="checkbox"/>		
Perpetuity Ind <input type="checkbox"/> Cheque Book Charges <input type="checkbox"/> Y			Name of Recipient	
*(A - Add, E = Enquiry, D = Delete) <input type="checkbox"/> N			Identification	Date _____
Prepared by	Checked by	Authorized by	Cheque Book(s) Released by	Cheque Book(s) Release Authorized by

ATM FORM

Please tick where appropriate and complete in BLOCK Letters
 Personal Banking
 Name of Applicant Mr./Mrs./Ms. _____
Link Card to:
 Account Number (1) _____
 Account Number (2) _____

 Signature

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Card Issue Number _____	Branch Manager's Signature (Details Verified)	ATM Centre (Approving Signature Verified)
Card Type _____		
Language _____		
ID Type _____		