

Occupation\*: \_\_\_\_\_

Company Name\*: \_\_\_\_\_

**PRIMARY APPLICANT'S OTHER RELATED INFORMATION**

Approximate value of monthly transactions\*: \_\_\_\_\_

Name to appear on primary card\*: \_\_\_\_\_

Maximum 19 including spaces

**ATM ACCESS TO YOUR ACCOUNTS WITH HSBC**

I would also like to use my card for ATM access on my following accounts\* (Maximum 2 Accounts)

Table with 2 columns: A/c type, Primary. Rows: Current a/c no, Savings a/c no.

**CREDIT CARD SETTLEMENT OPTIONS**

Please debit my HSBC account monthly in settlement of my card account as follows  Yes  No

HSBC Account Number:

Settlement \_\_\_\_\_ % per month (5% - 100%)

Do you want HSBC to SMS your credit card balance free of charge? (HSBC CC)  Yes  No

Mobile Phone Number(s): \_\_\_\_\_

**CREDIT CARD BALANCE TRANSFER**

Do you wish to transfer your other bank credit card balances (OBC) to your HSBC Credit Card?  Yes  No

Account Name: \_\_\_\_\_ (name on credit card)

Amount to Transfer: \_\_\_\_\_

Other bank Name: \_\_\_\_\_

Other bank Credit Card Number: \_\_\_\_\_

Option 1 : 0% for 3 months

Option 2 : 1% for 6 months

Note: A copy of the last credit card statement should be provided.

I/We hereby acknowledge that the information given above are true and correct and has been filled in from the information given by me to the said \_\_\_\_\_ at my express request and with my full knowledge understanding and consent. I further declare and confirm that the said \_\_\_\_\_ has filled in the form for me at my express request and I will not hold him/her or the bank responsible for any liability arising out of the information on the said application. I further state that I have read and understood the contents of the said application form and have signed the form voluntarily with full knowledge and understanding.

Signature of Primary applicant

Signature of Supplementary applicant

**IMPORTANT**

The Bank reserves all rights to review your income and payment capacity and thereafter offer you a suitable credit card at the sole discretion of the Bank.

Please complete this application in full. Insufficient information may cause delay in processing your application. To expedite processing, please attach the following documentary evidence.

**If salaried:**

▶ Copy of NIC or Passport or Driving License

▶ Salary slip (most current) with company seal/authorised signature

▶ Letter from employer confirming salary (including a breakdown and all deductions)

▶ Copy of a recent (not older than 3 months) utility bill (home) in the customer's name as proof of billing

Do not submit original/valuable documents as these will be destroyed if application is rejected.

**If an expatriate:**

▶ Copy of a valid resident visa

▶ Passport copy

▶ Letter from an employer indicating income as well as an undertaking to inform of the applicant's departure/termination of contract one month prior

▶ Copy of the contract letter (optional)

Please note that you are required to open a 12 month fixed deposit (minimum Rs.25,000/-) of which 90% will be granted as your credit limit. The outstanding credit card balance will be set off against the fixed deposit in case of withdrawal of the deposit.

Annual and joining fee will be debited to your credit card.

**Application processing**

Your application (once received by the Bank) will usually take a minimum of 10 working days to be processed if all required documentation is in order.

▶ If we require any additional documentation we will contact you

▶ Once your credit card is approved and produced it will be delivered to the corresponding address mentioned

▶ We may deliver the card to a different address than what is specified, if we are unable to deliver to the given address after verifying with you

**AGREEMENT TO SECURE CREDIT CARD WITH TIME DEPOSIT**

The Manager The Hongkong and Shanghai Banking Corporation Limited Colombo 1.

Dear Sir/Madam,

**AGREEMENT TO SECURE CREDIT CARD WITH TIME DEPOSIT**

In your consideration of your granting at my express request a credit card secured by a Time Deposit maintained by me with the Bank bearing Account No ..... (Hereinafter referred to as the "secured credit card") up to such limits as you may from time to time at your absolute discretion decide, I agree to pay all amounts due on the card with interest and charges and further, I hereby declare that in addition to and without prejudice to any general lien or similar right to which you as bankers may be entitled by law, you may at any time and without notice to me combine or consolidate all or any of above and set off or transfer a sum or sums standing to the credit of any once or more such accounts in or towards satisfaction or any amount outstanding on the secured credit card account.

A certificate by an Officer of the Bank as to the amount due owing to the Bank by me shall be sufficient and conclusive evidence for all purposes as to the actual amount due and owing.

I hereby declare that this authority to your Bank is irrevocable and shall continue to be in full force and virtue until expressly revoked with your consent.

I fully understand that any deposit made by me, against which the secured credit is issued, will be withheld upon cancellation of the credit card for a minimum of 45 days.

You shall at any time and at all times have the power and authority to exercise the right of appropriation without previous notice to me and without any previous demand whatsoever made on me for monies due by me to you notwithstanding anything to the contrary contained in any written or other law or any contract or writing executed or to be executed hereafter by me or you.

In consideration of the Bank acting in accordance with the terms of this authorisation and indemnity the cardholder hereby irrevocably undertakes to indemnify the Bank and to keep the Bank indemnified against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by the Bank at all times irrespective of the nature of such matter.

I hereby agree to bind myself and my heirs, executors and administrators by this agreement.

I do hereby further nominate, constitute and appoint an executive of HSBC in Sri Lanka for the time being as my Attorneys and Attorney jointly and severally for purpose of endorsing or executing on my behalf renewals of the Time Deposits or any other documents deemed necessary by the Bank in connection with the implementations of the arrangements set out in this letter.

Yours faithfully

Signature of the customer A/C No.

Witness: 1) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

Witness: 2) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_

**TO BE FILLED IN BY BRANCH**

Time deposit A/C number \_\_\_\_\_

Value of deposit \_\_\_\_\_

Date account opened \_\_\_\_\_

Term of deposit (only for 12 months) \_\_\_\_\_

**BRANCH OFFICIAL'S INITIAL**

[Empty box for Branch Official's Initial]

**DECLARATION**

This declaration is made to The Hongkong and Shanghai Banking Corporation Limited, (hereinafter referred to as "the Bank") and governs all HSBC Credit Card(s) (the credit card) issued in Sri Lanka by The Hongkong and Shanghai Banking Corporation Limited. By signing below, I/we declare that the information given in this application is true and correct. I/We authorise you to confirm the information given in this application from any source you may deem fit. I/We authorise my/our bankers or any other sources to release any information to you or your representatives that you may require from time to time without reference to me/us. I/We undertake to advise the Bank immediately when information already provided in the credit card application has changed in order that the Bank may hold the most current and updated information in respect of the account at all times. I/We am/are aware that the Bank may change my corresponding address if delivery cannot be made to my preference. I/We request that an account be opened for me/us and credit card(s) issued as I/we request and that you renew and replace it/them until I/we surrender my/our right to use the credit card(s) by cutting the credit card(s) in half through the magnetic strip and returning both halves to you. I/We agree that my/our credit card(s) may be only used subject to the terms and conditions of the credit cardholder agreement, ATM, ATB, PIB and other relevant account terms and conditions issued by the Bank and I/we further agree to accept and be bound by the terms and conditions of the credit cardholder agreement issued by the Bank, a copy of which will be sent to me/us with my/our credit card on approval of this application. I/We accept that the usage of the new credit card will be construed by the Bank as acceptance of the terms and conditions by the cardholder. I/We agree that usage of the card signifies acceptance of these terms and conditions. I/We agree that the credit card will be issued subject to an internal credit verification and limits and usage of any existing cards. I/We am/are aware that deposits or transfers to my credit card account or temporary limit increases will not increase my cash advance limit. I/We agree to be liable jointly and severally for all charges to the principal and additional card(s) issued on my/our request. I/We confirm and agree that I/we am/are responsible for reviewing upon receipt of the card statements or other notifications relating to the card and if I/we fail to do so, the Bank will not be liable to me/us for any losses incurred after the time that such information

should have been discovered. I/We agree not to use the credit card overseas to purchase goods in commercial quantities and for transfer of capital out of Sri Lanka. I/We am/are aware that certain ATM machine/bank/counter restrictions may apply to usage of my credit card in Sri Lanka and overseas. I/We affirm that I/we shall surrender the credit card(s) to the Bank and settle all dues in full in the event I/we migrate or leave Sri Lanka for overseas employment. I/We agree that the Bank reserves the right to hold any funds up to the entire credit limit given if necessary.

This declaration is made to the Controller of Exchange, Sri Lanka. I/We declare that all details given by me/us on this form are true and correct and I/we undertake to use my/our International Electronic Fund Transfer Card/Credit Card/Debit Card(s) abroad solely within the limit authorised by the Card Issuing Dealer (i.e the Bank) and affirm that the card will only be used overseas for personal expenses such as travel expenses, hotel charges, incidental expenses, medical expenses and purchase of goods for personal use. I/We will not use the credit card for payment in respect of capital transactions, and the purchase or import of goods in commercial quantities. I/We will not use the credit card to perform Foreign Currency Transactions on behalf of third parties. I/We undertake to surrender the International Electronic Fund Transfer Card/Credit Card/Debit Card to the relevant issuing Dealer if I/we migrate or leave Sri Lanka for employment abroad.

I/We have read, understood and agree to accept and be bound by the above declaration.

I/We confirm that the terms and conditions of the credit cardholder agreement issued by the bank were explained to me/us at the time of me/us making this application and that I/we fully understand the provisions contained in the said terms and conditions and am/are aware that such terms and conditions are available on the HSBC website - www.hsbc.lk and/or a copy of same can be obtained by me/us from any branch office of the Bank. I/we further agree to accept and be bound by the said terms and conditions a copy of which will be sent to me/us with my/our credit card on approval of this application.

I/We also confirm that the brochure/leaflets and the description/nature of the product/services were received by me/us and was explained to me/us at the time of me/us making this application and that I/we fully understand the details and the nature of the product/services offered herein.

The information furnished by me/us in this application form, whether filled by me/us or by any other party at my/our request whether in my/our presence or not, was read and understood by me/us and all/any fields not completed were struck off prior to me/us placing my/our signature.

Primary card applicant Date Supplementary card applicant Date

CENTRAL BANK OF SRI LANKA Declaration by the Applicant/s for Electronic Fund Transfer Cards

To: Director-Department of Foreign Exchange

(To be filled by the Applicant/s to obtain foreign exchange against Credit/Debit or any other Electronic Fund Transfer Card)

I/We ..... (Basic Cardholder/ Supplementary Cardholder), ..... (Basic Cardholder/ Supplementary Cardholder) declare that all details given above by me/us on this form are true and correct.

I/We hereby confirm that I/We am/are aware of the conditions imposed under the provision of the Foreign Exchange Act, No. 12 of 2017 (the Act) on Electronic Fund Transfer Cards (EFTCs) subject to which the card may be used for transactions in foreign exchange and I/we hereby undertake to abide by the said conditions.

I/We further agree to provide any information on transactions carried out by me/us in foreign exchange on the card issued to me/us as The Hongkong and Shanghai Banking Corporation Limited may require for the purpose of the Act. I/We am/are aware that the Authorized Dealer (Bank) is required to suspend availability of foreign exchange on EFTC if reasonable ground exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC issued to me/us and to report the matter to the Director -Department of Foreign Exchange.

I/We also affirm that I/we undertake to surrender the credit card/s to The Hongkong and Shanghai Banking Corporation Limited, if I/We migrate or leave Sri Lanka for employment abroad, as applicable.

Date Signature of the primary cardholder Date Signature of the secondary cardholder

**BANK USE ONLY**

I, as the Authorized officer have carefully examined the information together with relevant documents given by the applicant/s and satisfied with the bona-fide of these information and documents.

I undertake to exercise due diligence on the transactions carried out by the cardholder or his/her EFTC in foreign exchange and to suspend the availability of the foreign exchange on the EFTC if reasonable grounds exist to suspect that unauthorized foreign exchange transactions are being carried out on the EFTC in violation of the undertaking and to bring the matter to the notice of the Director-Department of Foreign Exchange.

DD.MM.YY Signature of the Authorised Officer on behalf of the Bank

Referral ID\*: \_\_\_\_\_ (For DSA and Telesales Agent only)

Should you require a translated copy of this document in Sinhala or Tamil languages, please visit www.hsbc.lk or request it from any one of our branches.

CPD/SEC/APPW/2016.1

Issued by the Hongkong and Shanghai Banking Corporation Limited - Sri Lanka.



**Secure Credit Card Application Form**

HSBC Credit Card. The One Card for Home and Away.



**TYPE OF APPLICATION**

**Voucher Code:** \_\_\_\_\_

Visa Signature  Platinum   
Gold

Please complete this application in (in block capitals) full in order to help us process your application without any delay.

**All fields marked with an \* is mandatory to complete**

**PERSONAL DETAILS**

Are you an existing HSBC customer?  Yes  No

If Yes, Customer Number: \_\_\_\_\_

Your Title\*:  Mr  Mrs  Miss  Dr

Others, please specify: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

\_\_\_\_\_

(Underline your surname)

Your Former Name\*: \_\_\_\_\_

(A legal name previously held. Please attach copies of the Paper notice/Marriage certificate if your former name is to be used in your banking relationship)

Your Other Name\*: \_\_\_\_\_

(Any other legal name currently held)

Date of Birth\*:           Gender\*:  Male  Female

Nationality\*: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Multiple Nationality\*:  Yes  No

Nationality 1 \_\_\_\_\_

Nationality 2 \_\_\_\_\_

Nationality 3 \_\_\_\_\_

Are you a tax payer\*  
If yes, Country(ies) of tax residence and Tax file No

1 \_\_\_\_\_ - \_\_\_\_\_

2 \_\_\_\_\_ - \_\_\_\_\_

3 \_\_\_\_\_ - \_\_\_\_\_

Education Level\*:  Primary  Secondary  Tertiary

Graduate  Post Graduate

Marital Status\*:  Single  Married  Widowed  Divorced

Number of Dependents\*: \_\_\_\_\_

**Mother's maiden Name\***: \_\_\_\_\_  
(We need this to help us identify you when you contact us via telephone)  
(Mother's Surname Before Marriage)

Home Ownership\*:  Renting Private Landlord  Owned Outright  
 Renting Public House  Mortgaged Property  
 Living in Parents Dwelling  Official Residence

Do you have an Immediate family member or relative who is a

Director or an employee at HSBC?\*  Yes  No

Staff Name\*: \_\_\_\_\_

Purpose of obtaining Credit Card\*: \_\_\_\_\_

\_\_\_\_\_

Please tick the relevant boxes provided (you may tick more than one)

Initial and ongoing sources of wealth or income  
 Earning from work  Sale of an asset (e.g. car)  
 Earning from business interest  Inheritance  
 Winning lottery/prize money  Personal savings  
 Return on investment/investment matured  Sale of Art  
 Other (please specify) \_\_\_\_\_

Source and origins of funds to be used with regard to the banking relationship  
 Cash deposit  
 Cheque deposit  
 Transfer from other accounts  
 Wire transfers from other banks  
 Other (please specify) \_\_\_\_\_

Types of services which will be used (i.e. nature of activity)  
 General banking services (e.g. Cash, Cheques, Personal Internet Banking, etc)  
 Investment  
 Credit Services (e.g. Loans, Credit Cards, etc)  
 Remittance services (e.g. Wire Transfer, Demand Draft)  
 Other (please specify) \_\_\_\_\_

Source of repayment\*  
 Earning from work  Sale of an asset (e.g. car)  
 Earning from business interest  Inheritance  
 Winning lottery/prize money  Personal savings  
 Return on investment/investment matured  
 Other (please specify) \_\_\_\_\_

**IDENTIFICATION DETAILS**

Identification Type\*:  NIC  Passport

Identification Documentation Number\*  
\_\_\_\_\_

(Copy of NIC mandatory for Sri Lankan Nationals)

Applicable for Non-Nationals

If Passport, please provide the expiry date:

Visa Number: \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa Expiry Date:

**ADDRESS DETAILS (PERMANENT ADDRESS)**

Address/Street Name\*: \_\_\_\_\_

\_\_\_\_\_

Town/City\*: \_\_\_\_\_

Date Since\*: \_\_\_\_\_

**RESIDENTIAL ADDRESS**

Please provide residential address if it differs from permanent address

Address/Street Name\*: \_\_\_\_\_

\_\_\_\_\_

Town/City\*: \_\_\_\_\_

Date Since\*: \_\_\_\_\_

**PREVIOUS ADDRESS DETAILS (RESIDENTIAL ADDRESS)**

(Previous address details need to be filled if the year of stay in the residential address is less than 3 years)

Address/Street Name\*: \_\_\_\_\_

\_\_\_\_\_

Town/City\*: \_\_\_\_\_

Date Since\*: \_\_\_\_\_

**CONTACT DETAILS**

Home Phone Number\*: \_\_\_\_\_

Overseas Phone Number\*: \_\_\_\_\_

Office Phone Number\*: \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone Number\*: \_\_\_\_\_

Personal E-mail Address\*: \_\_\_\_\_

**CORRESPONDENCE ADDRESS**

Please send all correspondence to\*:  My Residential Address

My Office Address

(The above address will be used as the correspondence address for all credit cards maintained with HSBC)

**CREDIT CARD STATEMENT**

**e-statements**  
Easier for you and friendlier to the Environment  
**e-statements are Timely, Secure and easy to access! you can ensure no delays in receiving your statement and will always be just a click away whenever you need it.**

\*We will send your credit card statement to the E-mail address mentioned by you in this application.

**or**

You may tick below if you wish to obtain paper statement

I wish to obtain paper statements. Please send my Credit Card statement to my correspondence address

**EMPLOYMENT DETAILS**

Employment Status\*:  Full Time  Part Time  Probation

Self-Employed  Unemployed  Retired

Housewife  Student

Occupation\*: \_\_\_\_\_

Industry Type/Nature of Business\*:

Armed Services  Travel  Airline

Banking/Finance  Trading  Professional Service

Garments  Information Tech  Conglomerate

Government  Telecom  Plantations

Hotel  Medical  Freight FWD/Shipping

Insurance  Construction  NGO/NPO/Charity

Import/Export  Public Utility  Manufacturing

Advertising  Other

Other, please specify: \_\_\_\_\_

Company Name\*: \_\_\_\_\_

Length of Service\*: Years \_\_\_\_\_ Months \_\_\_\_\_

Position/Job Title\*: \_\_\_\_\_

Annual Income\*: \_\_\_\_\_  
(Basic salary and fixed allowances)

Variable Allowances (annual): \_\_\_\_\_  
(Incentives and sales commissions)

Other income : \_\_\_\_\_  
(Any other income other than your salary)

Source of other income:

Earnings from Employment  Earnings from Business Interests

Investment Income  Deposit Interest Income

Other (please state): \_\_\_\_\_

Former Employer's Name\*: \_\_\_\_\_

(Name of the former employer needs to be filled if the duration of stay with the existing employer is less than 2 years)

Length of Service (former employer)\*: \_\_\_\_\_

(Length of service at previous employer needs to be filled if the duration of stay with the existing employer is less than 2 years)

**OFFICE ADDRESS**

Address/Street Name\*: \_\_\_\_\_

\_\_\_\_\_

Town/City\*: \_\_\_\_\_

Date Since\*: \_\_\_\_\_

**CLASSIFICATION**

I or an member of my family / business associate / business partner hold(s) senior public office (government, judicial, police or military)?\*  Yes  No

If yes, please describe the nature of the relationship\*  
\_\_\_\_\_

**REFERENCES**

**Relative/friend not living with the applicant.**

Name of Referee\*: \_\_\_\_\_

Relationship with Referee\*: \_\_\_\_\_

Contact Number of Referee\*: \_\_\_\_\_

Address of Referee\*: \_\_\_\_\_

\_\_\_\_\_

**FINANCIAL REFERENCE**

Do you have other Bank accounts/Credit Facilities/Credit Card?\*  Yes

**Financial Reference** - Current/Savings/Fixed deposits  No

Bank name	A/c no	A/c type	A/c since

**Financial Reference** - Credit Facilities

Financial institution	Type of facility	Monthly repayment

**Financial Reference** - Other Credit/Debit Cards held

Name of issuer	Card number	Credit limit	Member since

**SUPPLEMENTARY CARD REQUEST**

Applicants for an additional card should be an immediate family member of the Primary cardholder and at least 18 years old.

Do you require a Supplementary credit card?\*  Yes  No

**Supplementary Card - Personal Details**

Are you an existing HSBC customer?  Yes  No

If Yes, Customer Number: \_\_\_\_\_

Title\*:  Mr  Mrs  Miss  Dr

Other: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

\_\_\_\_\_

(Underline your surname)

Your Former Name\*: \_\_\_\_\_

(A legal name previously held. Please attach copies of the Paper notice/Marriage certificate if your former name is to be used in your banking relationship)

Your Other Name\*: \_\_\_\_\_

(Any other legal name currently held)

Name to appear on supplementary card\*:

\_\_\_\_\_

Maximum 19 including spaces

Relationship with Primary Applicant\*: \_\_\_\_\_

Date of Birth\*:           Gender\*:  Male  Female

Nationality\*: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Multiple Nationality\*:  Yes  No

Nationality 1 \_\_\_\_\_

Nationality 2 \_\_\_\_\_

Nationality 3 \_\_\_\_\_

Are you a tax payer\*

If yes, Country(ies) of tax residence and Tax file No

1 \_\_\_\_\_ - \_\_\_\_\_

2 \_\_\_\_\_ - \_\_\_\_\_

3 \_\_\_\_\_ - \_\_\_\_\_

**Mother's maiden Name\***: \_\_\_\_\_

(We need this to help us identify you when you contact us via telephone)  
(Mother's Surname Before Marriage)

Do you have an Immediate family member or relative who is a Director or an employee at HSBC?\*  Yes  No

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

I or an immediate member of my family hold(s) senior public office (government, judicial, police or military)?\*  Yes  No

If yes, please describe the nature of the relationship\*:  
\_\_\_\_\_

**SUPPLEMENTARY IDENTIFICATION DETAILS**

Identification Type\*:  NIC  Passport

Identification Documentation Number\*  
\_\_\_\_\_

(Copy of NIC mandatory for Sri Lankan Nationals)

Applicable for Non-nationals

If passport, Please Provide the Expiry Date:

Visa Number: \_\_\_\_\_

Visa Type: \_\_\_\_\_

Visa Expiry Date:

**ADDRESS DETAILS (PERMANENT ADDRESS)**

Supplementary cards permanent address is identical to primary applicant's permanent address.\*  Yes  No

If no; Address/Street Name\*: \_\_\_\_\_

\_\_\_\_\_

Town/City\*: \_\_\_\_\_

Date Since\*: \_\_\_\_\_

**SUPPLEMENTARY CARDHOLDER RESIDENTIAL ADDRESS DETAILS**

Supplementary card residential address is identical to Primary card residential address\*  Yes  No

Supplementary card residential address is identical to Supplementary card permanent address\*  Yes  No

If no; Address/Street Name\*: \_\_\_\_\_

Town/City\*: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Date Since\*: \_\_\_\_\_

**SUPPLEMENTARY CARDHOLDER CONTACT DETAILS**

Home Phone Number\*: \_\_\_\_\_

Overseas Phone Number\*: \_\_\_\_\_

Office Phone Number\*: \_\_\_\_\_ Ext: \_\_\_\_\_

Mobile Phone Number\*: \_\_\_\_\_

Personal E-mail Address\*: \_\_\_\_\_

**SUPPLEMENTARY CARDHOLDER EMPLOYMENT DETAILS**

Employment Status\*:  Full Time  Part Time

Probation  Self-Employed  Unemployed

Retired  Housewife  Student