Signature of the Primary Cardholder/Applicant	Date
Signature of the Supplementary Cardholder/Applicant	Date

Declaration

This declaration is made to The Hongkong and Shanghai Banking Corporation

Limited, (hereinafter referred to as "the Bank"/"HSBC") and governs all HSBC Credit Card(s) issued in Sri Lanka by The Hongkong and Shanghai Banking Corporation Limited (the "Credit Card"). By signing the below; I/We declare that the information given in this application is true and correct. I/We authorize you to confirm the information given in this application from any source you may deem fit. I/We authorize 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/s 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) shall be only used subject to the terms and conditions of the credit cardholder agreement. Automated Teller Machine (ATM), Automated Telephone Banking, Personal Internet Banking 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 of the credit cardholder agreement by the cardholder/s. I/We agree that usage of the Credit Card signifies acceptance of these terms and conditions. I/We agree that the Credit Card/s will be issued subject to an internal credit verification and limits and usage of any existing Credit Card/s. I/We am/are aware that deposits or transfers to my/our Credit Card account/s or temporary limit increases will not increase my/our cash advance limit/s. I/We agree to be liable jointly and severally for all charges to the principal and additional Credit Card(s) issued on my/our request. I/We confirm and agree that I/we am/are responsible for reviewing upon receipt of the Credit Card statement/s or other notifications relating to the Credit Card/s and if I/We fail to do so, the Bank shall 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/s 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/our Credit Card/s 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.

I/We declare that all details given by me/us on this application 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 authorized by the Card Issuing Dealer (i.e. the Bank) and affirm that the Credit Card shall only be used overseas for personal expenses such as travel expenses, hotel charges, incidental expense, medical expenses, educational expenses and purchase of goods for personal use. I/We shall not use the Credit Card for payment in respect of capital transactions, and the purchase or import of goods in commercial quantities. I/We shall 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 / to the relevant issuing Dealer if I/we migrate or leave Sri Lanka for employment abroad.

Signature of the Primary Cardholder/Applicant	Date
Signature of the Supplementary Cardholder/Applicant	Date

Charges Joining Fee Annual Fee
HSB Premier FOC FOC
Supplementary HSBC Premier FOC FOC

I/We further confirm that the said terms and conditions were explained to me/us at the time of me/us making this application. 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 has already been given to me/us or will be sent to me/us with my/our Credit Card on approval of this application and am/are aware that the Sinhala, Tamil and English versions of the said 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.

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

I/We confirm, that I/we am/are aware the provisions of the Prevention of Money Laundering Act No. 5 of 2006 (PMLA), the Financial Transactions Reporting Act No. 6 of 2006 (FTRA) and related guidelines and directions pertaining thereto and The Banking Act of Sri Lanka No. 30 of 1988, as amended (Act), together with the provisions of the Directions issued by the Monetary Board of the Central Bank of Sri Lanka under the aforesaid Banking Act No. 30 of 1988, as amended, including the guidelines and directions in respect of Abandoned Property in terms of such Act. I/We confirm, understand and agree that the Bank will at all times comply with such provisions as may be required with regard to the above and will all Laws, Directions and Guidelines pertaining to the Operations of a Licensed Commercial Bank in Sri Lanka.

The provisions of, and any disputes arising from, these terms and conditions shall be subject to the laws of the Republic of Sri Lanka and shall be subject to the exclusive jurisdiction of the Courts of the Republic of Sri Lanka.

CENTRAL BANK OF SRI LANKA

Declaration by the Applicant/s for Electronic Fund Transfer Card To:

To: Director - Department of Foreign Exchange

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

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 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 exists 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.

Signature of the Primary Cardholder	Date
gnature of the Supplementary Cardholder	Date

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 to bring the matter to the notice of the Director-Department of Foreign Exchange.

Signature of the Authorized Officer on behalf of the Bank

Date

Important

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

- Copy of supplementary cardholder NIC or Passport or Driving License
- Proof of address (If different from primary cardholder)

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

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.

Rewarding your full life

Premier Credit Card Application form

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Should you require a translated copy of this document in the Tamil language, please visit www.hsbc.lk or request it from any one of our branches. මෙම හේමානේසීම් සහ පාත පරිවර්තනයෙහි පිටපතක් මබට අවගේ වේ නම්. කරුණාකර අපගේ වෙමිඅඩවිය වන www.hsbc.lk වෙන

මෙම අලයන්සේ යන්තල සහව ප්රතිර්ධනයෙන් පරවැස් මෙම අත්ත වේ නම්, සංවැණයෙන් අවගේ වෙන්දයටය් වන www.habic.ik ප්රති පිරිසෙන්න, නැතිනම් අපගේ මිනැම නමාවකින් ඉල්ලා සිටින්න' இந்த ஆவணத்தின் தமிழ் பொழிப்பெய்ப்பு உங்களுக்குத் தேவைப்படின், தயவுசெய்து www.habic.ik என்ற எயது

இந்த ஆவணத்தின் தமிழ் மொழிபேபர்ப்பு உங்களுக்குத் தேவைப்படின், தபவுசெய்து www.hsbc.lk என்ற இணையத்தனத்தை நாடவும். அல்லது மைது கிளை ஒன்றில் கேட்டுப் பெறவும்.

GENPP24 - 06/2022

Voucher Code	Town/ City*	Position / Job Title*:	Nationality (Sri Lankan/Other) (please specify)*	SUPPLEMENTARY CARDHOLDER'S CONTACT DETAILS
PERSONAL DETAILS		Office address*		Home Phone no :
Your existing HSBC customer number*	Date since*	Address *	Country of Birth*	Office Phone no :
	CONTACT DETAILS		Mother's Maiden Name*:	
Your Full name (Underline the surname)*	Home Telephone Number*		Do you have an immediate family member or relative who is a	SUPPLEMENTARY CARDHOLDER'S EMPLOYMENT DETAILS
	Office Phone Number*		director or an employee at HSBC* Yes No	Employment Status*
	Mobile Phone Number*	Town/ City*	Staff Name*:	Full Time Part Time Self-Employed Unemployed Housewife Student
Name to appear on primary card* (Maximum 19 characters)	Personal E mail address*		I or a member of my family / business associate/ business partner hold(s) a senior public office (Government, Judicial, Police or military)*	Probation Retired Student
Education Level*	CORRESPONDENCE ADDRESS	CLASSIFICATION	Yes No	Occupation* :
Primary Secondary Tertiary	Please send all the correspondence to*:	I or a member of my family / business associate/ business partner hold(s) a senior public office (Government, Judicial, Police or military)*	If yes, please describe the nature of the relationship*:	Company Name* :
Graduate Post Graduate	Residence Address Office Address	Yes No	7.77	CREDIT CARD SETTLEMENT OPTIONS
Marital Status*	CREDIT CARD STATEMENT	If yes, please describe the nature of the relationship*:	SUPPLEMENTARY IDENTIFICATION DETAILS	Please debit my HSBC a/c monthly in settlement of my card a/c as
Single Married Widowed Divorced	Paper Statement E-Statement	——————————————————————————————————————	Identification Type* NIC Passport	follows Yes No
Number of Dependents*:	EMPLOYER DETAILS	SUPPLEMENTARY CARD REQUEST	National Identification Number (NIC)*:	HSBC Account Number
Mother's Maiden Name*:	Employment Status*	Applicants for additional card should be an immediate family member of the Primary cardholder & at least 16 years old (conditions apply)	Passport Number*:	Settlement % per month (5%-100%)
Home ownership*	Full Time Part Time Self-Employed	Do you require a Supplementary Credit Card* Yes No	If passport please provide the expiry date:	ATM ACCESS TO YOUR ACCOUNT WITH HSBC
Renting Private Landlord Owned Outright	Unemployed Housewife Student Probation Retired	Your existing HSBC customer number	Applicable for non-nationals: Visa number :	I would like to use my card for ATM access on my following
Renting Public House	Occupation*:	Title* Mr. Mrs. Ms. Other	Visa type :	account/s (Maximum 2 accounts)
Do you have an immediate family member or relative who is a	Industry Type/ Nature of the Business*	Your Full name (Underline the surname)*	Visa expiry date :	Account Type
director or an employee at HSBC* Yes No	Industry Type/ Nature of the Business*		Supplementary card permanent address is Identical to Primary applicant's permanent address* Yes No	Current Account No
Staff Name*:	Armed Services Banking/Finance Hotel		If No, Address*	
Identification Type* NIC Passport	Telecom Public Utility Conglomerate			Savings Account No
National Identification Number (NIC)*:	Travel Garment Trading	Your Former/ Other Names*		Declaration (to be filled in the event of a Bank staff
Passport Number*:	Construction Import/Export Plantations			member filling in the mandate on behalf of the customer/Applicant)
If passport please provide the expiry date:	Medical Airline Advertising		Town/ City*	customer/Applicant/
ADDRESS DETAILS	Manufacturing Government Information Technology	Name to appear on the supplementary card* (Maximum 19 characters)	Supplementary Cardholder's Residential Address details (if differs	I/We hereby acknowledge that the information given above is true and correct and has been filled in from the information given by me/us to the said
Residential Address Details (if differs from permanent address)	NGO/NPO/Charity Freight FwD/Shipping Professional Service		from Primary applicant's resident address) Address*	at my/our express request and with my/our full knowledge, understand and consent. I/We further declare and confirm that the
Address *	Insurance Others (Please specify)	Relationship with the primary applicant*:	, 100, 100	said
	Company Name*:	Date of Birth* (DD/MM/YYYY)		Bank or the Bank responsible for any liability arising out of the information on the said application. I/We further state that I/we have read and understood the
	Length of service*: Years Months	Gender* Male Female	Town/ City*	contents of the said application form and have signed the form voluntarily with ful knowledge and understanding.