

# Personal Account

Opening Form

A/C Number. \_\_\_\_\_



Branch: \_\_\_\_\_

Date: \_\_\_\_\_

**Your Personal Details**

	Account Holder (1)	Account Holder (2)	Account Holder (3)
Title	Mr./Mrs./Ms./Others: _____	Mr./Mrs./Ms./Others: _____	Mr./Mrs./Ms./Others: _____
First Name			
Middle Name			
Last Name			
Name as it should appear on the Debit Card (19 characters including spaces, no special characters)	□□□□□□□□□□□□□□□□□	□□□□□□□□□□□□□□□□□	□□□□□□□□□□□□□□□□□
Passport / ID Number			
Country of Issue			
Issue Date	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
Expiry Date	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
Date of Birth (dd/mm/yy)*	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
Country of Birth			
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Nationality			
Do you have Multiple Nationalities	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes (Please provide multiple Nationalities)	Nationality 1 _____ Nationality 2 _____	Nationality 1 _____ Nationality 2 _____	Nationality 1 _____ Nationality 2 _____
If No (Please provide only Nationality 1)	Nationality 3 _____	Nationality 3 _____	Nationality 3 _____
Country of Residence			

**Your Employment Details**

Employer			
Occupation			
Years with this Employer			
Previous Employer			
Years with previous Employer			
Salary (OMR)			
Other Income (OMR)			
Household Income (OMR)			

**Employment Status**

Organisation Type	<input type="checkbox"/> Public Sector <input type="checkbox"/> Armed Forces <input type="checkbox"/> Partnership	<input type="checkbox"/> Multinational Co. <input type="checkbox"/> Others <input type="checkbox"/> Private Ltd. Co.	<input type="checkbox"/> Public Ltd. Co. <input type="checkbox"/> Government / Ministry <input type="checkbox"/> Proprietorship
Employment Status	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Both <input type="checkbox"/> Others
Salary Date : _____			

**Your Contact Details**

Employer address	Dept./ID ..... Building (name/Number.) ..... Floor ..... Street (name/Number.) ..... Nearest Landmark ..... P.O. Box..... P.C. Number.: ..... Area .....	Dept./ID ..... Building (name/Number.) ..... Floor ..... Street (name/Number.) ..... Nearest Landmark ..... P.O. Box..... P.C. Number.: ..... Area .....	Dept./ID ..... Building (name/Number.) ..... Floor ..... Street (name/Number.) ..... Nearest Landmark ..... P.O. Box..... P.C. Number.: ..... Area .....
Work Telephone Number			
Work Fax Number			
Work E-mail address			
Mobile Number			
Home address (in Oman)	Way Number. .... House Number. .... P.O. Box ..... P.C. Number.: ..... Street (name/Number.) ..... Nearest Landmark .....	Way Number. .... House Number. .... P.O. Box ..... P.C. Number.: ..... Street (name/Number.) ..... Nearest Landmark .....	Way Number. .... House Number. .... P.O. Box ..... P.C. Number.: ..... Street (name/Number.) ..... Nearest Landmark .....
Residing at this address since date	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□	Day □□ Month □□ Year □□
If residing at the stated address for less than 3 years, please provide your previous residence address details			
Do you have multiple residential addresses	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide multiple addresses			
1-			
2-			
3-			
Home Telephone Number			
Home Fax Number			

Private E-mail address			
Permanent address (in home country)			
Telephone Number (in home country)			
Preferred Correspondence Address	<input type="checkbox"/> Work <input type="checkbox"/> Other .....	<input type="checkbox"/> Email <input type="checkbox"/> Other .....	<input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Other .....

**Your contact preferences**

You prefer to be spoken to in  English  Arabic

During the **week** you prefer to be contacted in the  Morning  Afternoon  Evening at  Business  Home  Others \_\_\_\_\_

by  Phone  Mobile  E-mail  Fax

And during the **weekend** in the  Morning  Afternoon  Evening at  Business  Home  Others \_\_\_\_\_

by  Phone  Mobile  E-mail  Fax

**Power of Attorney**

Will you be appointing a 'Power of Attorney' for this Account with the Bank?  Yes  No

If yes, please provide the residence address of the Power of Attorney

**1. Main purpose of the account with HSBC Oman:**

- Receipt of monthly salary/income
- Deposits/Savings
- Mortgage/Home Loan payment
- Receipt of Student Contribution
- Others, please specify \_\_\_\_\_

**2. If visa is under process or you have moved to Oman in the last 6 months, what was the reason for moving into Oman:**

- Employment
- Setting up a company
- Education
- Others, please specify \_\_\_\_\_

**3. a. Any account(s) with HSBC outside Oman?**

- Yes
- No

**b. If yes, what are all the other countries where you hold an account with HSBC?**

<b>Name of Country(ies)</b>

**4. Sources(s) of funds: Source of Funds (SoF) refers to the source of the amount to be transferred to the HSBC account initially and on an on-going basis:**

**a. Non-cash transfers:**

	Source of Funds	Amount Details (OMR)	Monthly volume of transactions	Name of Remitter / Employer/ Financial Institution	City / Country
<input type="checkbox"/>	Salary transfer from employer Bonus / Commission				
<input type="checkbox"/>	Transfer from my account(s) with another bank(s)				
<input type="checkbox"/>	Transfer from third party/parties (eg.: spouse/relatives) from another bank				
<input type="checkbox"/>	Cheque from my account with another bank				
<input type="checkbox"/>	Cheque from third party/parties from another bank				
<input type="checkbox"/>	Others, please specify: .....				

**b. Cash**

	Source of Funds	Amount Details (OMR)	Monthly volume of transactions	Source	Proof / Evidence
<input type="checkbox"/>	Cash Deposit				

**5. Considering all the sources of your account funding, what is the total estimated value of funds to be deposited into your account within the 12 months**

OMR .....

**6. What is the expected total relationship balance to be held in your account within the next 12 months?**

OMR .....

**7. Over the coming year, list details where you are currently sending or expecting to send funds to using your HSBC's Oman account, including domestic transfers in Oman:**

Country	Total Value of transactions (OMR/Foreign currency)	Method of transfer	Purpose	Frequency (Monthly/ Yearly)	Beneficiary (i.e. the person entitled to receive the transfer)	Relationship with Beneficiary	Name of the Financial Institution

**8. a. In the next 12 months, do you expect to do significant cash withdrawal(s) from your account?**

Please Select

**b. If yes, please mention the details below:**

	Amount Dtails (OMR)	Frequency (Monthly/ Yearly)	Perpose
<input type="checkbox"/>	Cash Withdrawals		

**9. If you are purchasing any banker's draft or cashier's order in the next 12 months, please mention the details below:**

Monetary instrumnt	Value (OMR/ Foreign currency)	Frequency (Monthly / Yearly)	Perpose	Beneficiary (i.e. the person to be paid)

**10. Countries where you are obliged to pay tax:**

Name of Country(ies)

## 11. Connected Party

Please list the connected / associated parties who have control or influence over your account:

(Please use continuation sheet if required)

- |   |   |
|---|---|
| <input type="checkbox"/> Supplementary cardholder   | <input type="checkbox"/> Transfer of Funds to a student |
| <input type="checkbox"/> Power of Attorney  | <input type="checkbox"/> Cash depositor                 |
| <input type="checkbox"/> Guardian / Parent  | <input type="checkbox"/> Financial/Investment Advisor   |
| <input type="checkbox"/> Contributor to source of wealth i.e. transfers of funds to account holder outside the normal course of business where the /contribution is 50% or above the source of wealth |   |

Full Name	
Former Name or alias, if any	
ID/Passport number	
Date of Birth	
Country of birth	
Residential Address	
Email Address	
Telephone Number	
Nationality/ Citizenship (including all nationalities held / citizenships)	
Relationship to you	

### My Account Type

- Current       Statement Savings       Mandoos       e-wallet  
 Others \_\_\_\_\_

### Currency

- OMR       USD       EUR       GBP       AED

### My Preferred Banking Package / Service

- Advance Salary Based       Advance Deposit Based

### About you (Thank you for taking the time to give us further details about yourself. We shall use this to help us serve you better)

You are  Single     Married     Other \_\_\_\_\_ and have \_\_\_\_\_ dependents.

Your spouse name is \_\_\_\_\_ and you have \_\_\_\_\_ children

Child Name \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Child Name \_\_\_\_\_ Date of Birth (DD/MM/YY) \_\_\_\_\_

Education Level     Primary     High School     Graduate     Post Graduate     Professional

Hobbies / Interest \_\_\_\_\_ Car Owner     Yes     No

Home ownership status     Owned     Rented     Company-provided

### Your Liabilities

	Bank / Company Name	Monthly Installment / Limit	Balance Outstanding
Personal Finance / Loan			
Vehicle Finance / Loan			
Overdraft			
Credit / Charge card			
Others			

### Your Account

Purpose of opening the account	<input type="checkbox"/> Receipt of salary	<input type="checkbox"/> Loan / Credit Card repayment
	<input type="checkbox"/> Savings	<input type="checkbox"/> Other (please specify) _____
Expected monthly credit turnover:	OMR _____	Source of income: _____

### Please provide me with the following service(s)

HSBC Debit Card

Cheque Book(s) (if applicable)                      Quantity \_\_\_\_\_ (25 Leaves each)

Phone Banking Service

A/c to be linked                      \_\_\_\_\_

Please provide the following details to link this account to SMS ALERT Service:

If you do not wish your account number to displayed on the SMS, specify alternative word/number [ | | | | | | | | | | | | | | | ]

Debit Notification for amount exceeding [ | | ] Currency                      Amount                      Credit Notification for amount exceeding [ | | ] Currency                      Amount

Balance Notification if balance falls below [ | | ] Currency                      Amount                      or exceeds [ | | ] Currency                      Amount

**SMS and E-mail Alerts are mandatory; however, if you would like to opt out of any of these services, please sign below.**

E-mail Alerts                       No                      Signature \_\_\_\_\_

SMS Alerts                       No                      Signature \_\_\_\_\_

E-mail PDF Statement                       Yes                       No

### My Reference Details

- Previous Bank                       Existing Account Holder                       HSBC Staff                       Company Introduction

## Your Declaration

I/We agree that the information given above is true and complete and that I/we have received the Bank's General Terms and Conditions and tariff of charges for Operation of Account and Electronic Banking Services as well as for the SMS Alerts which I/we understand and expressly agree and accept to be bound by them whether set out in English and/or Arabic. I/We understand that the Bank's General Terms and Conditions for the Operation of Accounts and Electronic Banking Services shall apply to any personal account(s) that I/We may hold with the Bank from time to time.

I/We agree and accept to be bound by the Bank's Schedule of Services and Tariffs as amended from time to time. A copy of the current tariff is available at [www.hsbc.co.om](http://www.hsbc.co.om)

### Joint Accounts only

We acknowledge that the provisions for the joint account mandates are set out in the Bank's General Terms and Conditions. We note, that if we elect to use Personal Internet Banking Service, we will be required to accept the relevant Personal Internet Banking Service Terms and Conditions online. We agree that where we accept the Personal Internet Banking Services Terms & Conditions online, we will be agreeing to accept and be bound by them and any subsequent amendments, whether set out in English and/or Arabic.

### Signing Instructions:

Anyone

Jointly

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

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

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

*Please ensure signature is within box provided in **Black ink** only.*

*Please ensure signature is within box provided in **Black ink** only.*

*Please ensure signature is within box provided in **Black ink** only.*

## HSBC ADVANCE CREDIT CARD APPLICATION

*(This Credit Card Application Form should be submitted with the completed Personal Account Opening Form and will not be processed if sent separately)*

Name as it should appear on the Card

### Supplementary Card(s)

Please issue Supplementary Cards for the following

#### First Supplementary Card Applicant

Mr.       Mrs.       Ms.       Other \_\_\_\_\_

Name as it should appear on the Card

Male       Female      Date of Birth (DD/MM/YYYY)

Relationship:  Spouse     Child     Parent     Brother     Sister     Other \_\_\_\_\_

#### Second Supplementary Card Applicant

Mr.       Mrs.       Ms.       Other \_\_\_\_\_

Male       Female      Date of Birth (DD/MM/YYYY)

Name as it should appear on the Card

Relationship:  Spouse     Child     Parent     Brother     Sister     Other \_\_\_\_\_

### Limit on Supplementary Card(s)

I would like to share my existing credit limit with my

**First Supplementary Cardholder**  Yes     No.

**Second Supplementary Cardholder**  Yes     No.

If No, I would like to assign a credit limit of OMR \_\_\_\_\_

If No, I would like to assign a credit limit of OMR \_\_\_\_\_

### Additional Benefits

#### Settlement Details

HSBC Current/Savings Account Number: (to be debited)  -  -

Monthly Payment:  5%    Others \_\_\_\_\_ *(between 5% -100%)*

Preferred Due Date: (DD)

I would like to receive my statement at  Resident Address     Office Address

I would like to subscribe to e-Statements\*\*    My e-mail address is: \_\_\_\_\_

\*\*To view e-Statements, please register for Internet Banking at [www.hsbc.co.om](http://www.hsbc.co.om)

#### Credit Card ATM Access *(besides cash advances)*

I would like ATM access on my HSBC Credit Card to access my HSBC account.

I would like the Supplementary Cardholders to use their HSBC Credit Card(s) at ATMs to access our HSBC Account.



**Declaration of Primary Card Applicant**

I/We hereby apply for the issue of an HSBC Card(s) and declare that the information provided in this application is true and correct and authorise HSBC to verify this information from whatever sources that it may choose. I/We accept that HSBC is entitled in its absolute discretion to accept or reject an application without assigning any reason whatsoever. I/We acknowledge that the use of my/our HSBC Card(s) is subject to Terms and Conditions accompanying the HSBC Card(s) (which may be amended from time to time at HSBC's sole discretion). I/We understand that by using the HSBC Card(s) or Supplementary HSBC Card(s) I/We accept the terms and conditions and that I/We shall be liable, unconditionally, for any amounts outstanding on both my/our HSBC Card(s) and any Supplementary HSBC Card(s).

We have received a copy of Tariff of Charges.

Where an application is made now or in the future, I/We hereby authorise HSBC to issue Supplementary HSBC Card(s) for use on my/our account to the person(s) named who is/are over 18 years of age and agrees that you can provide relevant information to the Supplementary HSBC Cardholder about the account. I/We accept that any account(s) operated in conjunction with the HSBC Card(s) will be subject to the Terms and Conditions which govern the ATM facility as stated in the HSBC Card Terms and Conditions.

**Primary Card Applicant**

**First Supplementary Card Applicant**

**Second Supplementary Card Applicant**

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

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

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

I am over 21 years of age.

Please ensure signature is within box provided in **Black ink** only.

I am over 16 years of age.

Please ensure signature is within box provided in **Black ink** only.

I am over 16 years of age.

Please ensure signature is within box provided in **Black ink** only.

**Documents required:**

**A) Customer**

- 1) Original valid Passport
- 2) Valid Oman residency visa or Letter from Employer stating visa under process (For non GCC nationals only)
- 3) Valid Omani ID or another government issued ID showing name, date of birth and photo
- 4) Proof of residential address: Please provide any one of the documents listed in the table below, depending on your employment and / or circumstances:

All customers	<ul style="list-style-type: none"> <li>• Utility Bill dated within the last four months</li> <li>• Landline phone / Internet bills dated within the last four months</li> <li>• Current valid tenancy contract</li> <li>• Bank statements, or credit/debit card statements dated within the last four months (or annual bank statements) if they state the full residential address</li> </ul>
Salaried Individuals	<ul style="list-style-type: none"> <li>• Salary transfer letter or salary certificate or employer letter dated with the last four months confirming the employer PO Box and full physical address</li> </ul>
Sole Trade or Business owner	<ul style="list-style-type: none"> <li>• Valid trade license of their business entity owned by the individual with the PO box &amp; full physical address</li> <li>• Utility bills dated within the last four months of the business entity owned by the individual</li> <li>• Current valid tenancy contract of the business entity owned by the individual</li> </ul>
Student	<ul style="list-style-type: none"> <li>• Letter from the university confirming their enrolment status and university address</li> </ul>
Other including not employed and retired	<ul style="list-style-type: none"> <li>• Letter from sponsor (Husband/ Wife/ Father/ Mother/ Brother/ Sister/ Daughter/Son) confirming residential address AND the sponsor's proof of address as per other categories listed above</li> <li>• Visitation by an HSBC employee to the identified residential address.</li> </ul>

- 5) Proof of source of funds: Please provide any **one** of the options listed in the table below:

Salaried	<ul style="list-style-type: none"> <li>• Salary transfer letter or salary certificate or employer letter dated with the last four months or</li> <li>• Last 3 months bank statements showing salary payment deposits</li> </ul>
Sole Trade or Business owner	<ul style="list-style-type: none"> <li>• Valid trade license of their business entity owned by the individual and</li> <li>• Copy of last 3 months bank account statements of the business</li> </ul>
Pensioner / Retired	<ul style="list-style-type: none"> <li>• Annual pension statement, pension pay slips dated within the last four months</li> </ul>
In case of cash deposit	<ul style="list-style-type: none"> <li>• Proof of source of cash</li> </ul>
Student	<ul style="list-style-type: none"> <li>• Letter from University with the course end date</li> <li>• Where the contributions are made to a student account equal or more than USD 75,000, the contributor's details (connected party) such as full name, date of birth and residential address must be obtained</li> </ul>
Non employed	<ul style="list-style-type: none"> <li>• Proof of source of funds from the sponsor or contributor.</li> </ul>

## Documents required:

### B) Connected Parties

- 1) Original valid Passport
- 2) Valid Oman residency visa or Letter from Employer stating visa under process (For non GCC nationals only)
- 3) Valid Omani ID or another government issued ID showing name, date of birth and photo
- 4) Proof of residential address : Please provide any **one** of the documents listed in the table below, depending on your employment and / or circumstances:

All customers	<ul style="list-style-type: none"> <li>• Utility Bill dated within the last four months</li> <li>• Landline phone / Internet bills dated within the last four months</li> <li>• Current valid tenancy contract</li> <li>• Bank statements, or credit/debit card statements dated within the last four months (or annual bank statements) if they state the full residential address</li> </ul>
Salaried Individuals	<ul style="list-style-type: none"> <li>• Salary transfer letter or salary certificate or employer letter dated with the last four months confirming the employer PO Box and full physical address</li> </ul>
Sole Trade or Business owner	<ul style="list-style-type: none"> <li>• Valid trade license of their business entity owned by the individual with the PO box &amp; full physical address</li> <li>• Utility bills dated within the last four months of the business entity owned by the individual</li> <li>• Current valid tenancy contract of the business entity owned by the individual</li> </ul>
Student	<ul style="list-style-type: none"> <li>• Letter from the university confirming their enrolment status and university address</li> </ul>
Other including not employed and retired	<ul style="list-style-type: none"> <li>• Letter from sponsor (Husband/ Wife/ Father/ Mother/ Brother/ Sister/ Daughter/ Son) confirming residential address AND the sponsor's proof of address as per other categories listed above</li> <li>• Visitation by an HSBC employee to the identified residential address.</li> </ul>

**For Bank Use only**

HSBC Advance Credit Card Limit(s) _____		
Existing HSBC Credit Card Limit(s)		
Card Number:	Type:	Limit:
		<input type="checkbox"/> Cancel
		<input type="checkbox"/> Cancel
		<input type="checkbox"/> Cancel

<b>Account Number.</b> _____	<b>Date Account opened:</b> _____
<input type="checkbox"/> Forms completed _____	<input type="checkbox"/> CSR name / Staff identity: _____
<input type="checkbox"/> Signed in my presence _____	<input type="checkbox"/> Workstation ID _____
<input type="checkbox"/> B/L checked _____	<input type="checkbox"/> Others _____
CSR Initial	
<input style="width: 100px; height: 20px;" type="text"/>	

KYC & SCC Checked <input type="checkbox"/> Yes <input type="checkbox"/> No	_____ OIC Sign	Bank Authorised Signature/Stamp
Customer SCC <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Additional Maintenance**

Service charge exemption <input type="checkbox"/> Yes <input type="checkbox"/> No	Additional / New ATM card required in the names of (Joint Accounts) (1) ..... (2) ..... (3) .....
International Customer Number: _____	
Relationship managed by: _____	

**(For Joint Accounts only)**

Customer Number 1	Customer Number 2	Customer Number 3
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Remarks:
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