DEBIT CARD APPLICATION FORM

Branch: _____ Date: _____

Bank A/c Number: | | | - | | | | | | - | | | |

For joint account holders:
Please provide your individual personal banking account: | | | - | | | | | |

(Domestic Customer Number)

Name on Debit Card: | | | | | | | | | | | | | | | | | | |

(not to exceed 19 characters including spaces, excluding special characters)

Primary A/c: | | | - | | | | | | - | | | |

Secondary A/c 1: | | | - | | | | | | - | | | |

Secondary A/c 2: | | | - | | | | | | - | | | |

Mandate fields to be filled:

Telephone: Residence: | | | – | | | | | | | | |

Office: | | | – | | | | | | | | |

Mobile: | | | – | | | | | | | | |

Declaration:

I confirm that the information given above is true, complete and I have received and accept the Bank's supplemental terms & conditions & tariff of charges for HSBC Debit Chip Cards.

Cardholder Signature (Mandatory)

Signature Verified (Mandatory)
Staff Name , Stamp & Signature

Authorised Signatory

For Branch Use:

Remarks: .....

.....

.....

.....

Staff Name:..... Staff No.:.....

HSBC

Issued by HSBC Bank Oman, S.A.O.G, P.O. Box 240, P.C. 112, Ruwi, Sultanate of Oman.