

Membership Form



Branch _____

Date _____

Your Personal Details				
	Account Holder (1)		Account Holder (2)	
Title	Mr/Mrs/Ms/Others		Mr/Mrs/Ms/Others	
First Name*				
Middle Name*				
Family Name*				
Passport/ID Number				
Country of Issue				
Issue Date	□□ / □□ / □□		□□ / □□ / □□	
Expiry Date	□□ / □□ / □□		□□ / □□ / □□	
Date of Birth (DD/MM/YY)*	□□ / □□ / □□		□□ / □□ / □□	
Country of Birth*				
Nationality				
Do you have Multiple Nationalities	<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 1	
	Nationality 2		Nationality 2	
	Nationality 3		Nationality 3	
If No (Please provide only Nationality 1)				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Male <input type="checkbox"/> Female	

*As per passport/ID

Your Employment Details				
Company Name				
Address	P O Box	P C	P O Box	P C
	Country		Country	
Office Location	Office Number	_____	Office Number	_____
	Way Number	_____	Way Number	_____
	Building Name/Number	_____	Building Name/Number	_____
	Street/Landmark	_____	Street/Landmark	_____
	Area/City	_____	Area/City	_____
Job Title				
Department				
Employee ID				
Years with Employer				
Monthly Salary (OMR)				
Other Income (OMR)				
Household Income (OMR)				

Employer Economic Activity	
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Financial Intermediaries
<input type="checkbox"/> Mining & Quarrying	<input type="checkbox"/> Real Estate & Renting Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Education
<input type="checkbox"/> Electricity, Gas & Water	<input type="checkbox"/> Health & Social Work
<input type="checkbox"/> Construction	<input type="checkbox"/> Community & Personal Services
<input type="checkbox"/> Whole, Retail Trade & Car	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Hotels & Restaurants	<input type="checkbox"/> Other Services
<input type="checkbox"/> Transport, Storage & Communication	

Your Contact Details		
Residence Type in Oman	Self owned <input type="checkbox"/> Company-provided <input type="checkbox"/> Rented <input type="checkbox"/> Living with parents <input type="checkbox"/> Others <input type="checkbox"/>	Self owned <input type="checkbox"/> Company-provided <input type="checkbox"/> Rented <input type="checkbox"/> Living with parents <input type="checkbox"/> Others <input type="checkbox"/>
Residence Address in Oman	House/Flat Number	House/Flat Number
	Way Number	Way Number
	Building Name/Number	Building Name/Number
	Street/Landmark	Street/Landmark
	Area/City	Area/City
	P O Box	P O Box
	P C	P C
Residing at this address since date		
If residing at the stated address for less than 3 years, please provide your previous residence address details		
Years at Current Address		
Home Telephone Number		
Private Email ID		
Do you have multiple residential addresses Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please provide multiple addresses		
1-		
2-		
3-		
Mobile Number		
Work Telephone Number		
Work Fax Number		
Permanent Address in Home Country		
Telephone Number in Home Country		
Preferred Correspondence Address	<input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Residence	<input type="checkbox"/> Work <input type="checkbox"/> Email <input type="checkbox"/> Residence

(Joint Accounts) Please mail all correspondence to the address of (please mark one only): Account Holder Number. 1 Number. 2

Power of Attorney	
Will you be appointing a 'Power of Attorney' for this Account with the Bank?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?

Name of Country(ies)

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 instrument	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)

- Supplementary cardholder
- Power of Attorney
- Guardian / Parent
- 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
- Transfer of Funds to a student
- Cash depositor
- Financial/Investment Advisor

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	

Preferred Type of Account					
Current	<input type="checkbox"/> OMR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> AED
Savings	<input type="checkbox"/> OMR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> AED
Mandoos	<input type="checkbox"/> OMR				
Call Deposit	<input type="checkbox"/> OMR	<input type="checkbox"/> USD	<input type="checkbox"/> EUR	<input type="checkbox"/> GBP	<input type="checkbox"/> AED
TMD	<input type="checkbox"/> OMR	<input type="checkbox"/> USD		<input type="checkbox"/> GBP	<input type="checkbox"/> AED
e-wallet	<input type="checkbox"/> OMR				

Purpose of opening the account: Receipt of Salary Loan / Credit Card Repayments
 Savings Others (please specify)

Please indicate the expected total value of monthly credits into the account OMR _____
Source of Income _____

Please provide me with the following

HSBC Premier Debit card link A/cs _____

Name as it should appear on the card
(not to exceed 19 characters)

Additional/New HSBC Premier Debit card* required
Name as it should appear on the card
(not to exceed 19 characters)

Cheque Book(s) (if applicable) Quantity _____ (25 leaves each)

Personal Internet Banking/Phone Banking Service

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

E-mail Alerts No Signature _____

SMS Alerts No Signature _____

E-mail PDF Statement Yes No

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

You are Single Married Others _____ and have _____ dependants

Your spouse name is _____ and you have _____ children

Your children's name

1 _____ Date of Birth (DD/MM/YY) _____

2 _____ Date of Birth (DD/MM/YY) _____

3 _____ Date of Birth (DD/MM/YY) _____

A/c Holder 1

A/c Holder 2

Your Education level:

Your Hobbies / Interests _____

Your Education level:

Your Hobbies / Interests _____

Primary

Primary

Secondary

Secondary

Graduate

Car owner:

Graduate

Car owner:

Post-Graduate

Yes

Post-Graduate

Yes

Professional

No

Professional

No

Number of Cars Owned _____

Number of Cars Owned _____

Please provide me advice on the following insurance products

Travel Term

Please provide me advice on investment opportunities

Yes No

My Reference Details

Previous Bank Existing Account Holder HSBC Staff Company Introduction

Your Liabilities	Bank/Company Name	Monthly Instalment/Limit	Balance Outstanding
Personal Loan			
Home Loan			
Car Loan			
Overdraft			
Credit Card 1			
Credit Card 2			
Others			

Your Assets	Value	Bank Name
Other Bank Current Account		
Other Bank Savings Account		
Fixed Deposits		
Property		
Shares		

Note : Any alteration on the personal account opening form has to be signed by the applicant(s).
Documents submitted with the application are bank's property.

*For Joint Account Holders

HSBC Premier Credit Card Application

Your Choice

Please issue me/us an HSBC Premier Credit Card

Name as it should appear on the card

(not to exceed 19 characters)

Employment

Organisation Name and Occupation	<input type="checkbox"/> Public Sector	<input type="checkbox"/> Multinational Co.	<input type="checkbox"/> Public Ltd. Co.
	<input type="checkbox"/> Armed Forces	<input type="checkbox"/> Others	<input type="checkbox"/> Government/Ministry
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Private Ltd. Co.	<input type="checkbox"/> Proprietorship
Employment Status	<input type="checkbox"/> Salaried	<input type="checkbox"/> Salaried	<input type="checkbox"/> Self-employed
	<input type="checkbox"/> Both	<input type="checkbox"/> Both	<input type="checkbox"/> Others

Salary Date _____

Security Code

For security reasons, please choose a word that we can identify you with (not to exceed 10 characters)

Reference in Oman

Name of a friend/relative	Company
Relationship	Work Telephone Number
Home Telephone Number	Mobile Telephone Number
Designation	

Supplementary Card Information

Please issue an additional HSBC Premier Credit Card for the following applicants

First Supplementary Applicant

Name as it should appear on the card

(not to exceed 19 characters)

Relationship Spouse Child Parent Brother Sister Others _____
(16 years and above)

Second Supplementary Applicant

Name as it should appear on the card

(not to exceed 19 characters)

Relationship Spouse Child Parent Brother Sister Others _____

Additional Benefits

Settlement Details

Automatic settlement of HSBC Premier Credit Card bills Yes No

HSBC Current/Savings Account number to be debited

Monthly payment 5% Others _____ (select between 5% - 100%)

HSBC Premier Credit Card ATM Access

Link my HSBC Premier Credit Card to access my account(s) _____

I would like the supplementary cardholder to use his/her HSBC card at ATMs to access our HSBC account*

Declaration

I/We agree that the information given above is true and complete and that I/we have received the Bank's General Terms & Conditions, which may be amended from time to time for the Operation of Accounts and Electronic Banking Services, 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 & 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.

Joint Accounts Only

I/We acknowledge that the provisions for the joint account mandates are set out in the Bank's General Terms & Conditions. We note, that if we elect to use Personal Internet Banking Service, I/we will be required to accept the relevant Personal Internet Banking Service Terms & 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.

Credit Card Application

I/We hereby apply for an HSBC Credit Card(s) and declare, that the information included in this application is true and correct and authorise HSBC to verify this from whatever sources that HSBC may choose. I/We accept, that HSBC is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever. I/We acknowledge that the use of my HSBC Card and any Supplementary HSBC Card(s) issued on the Card account will be subject to the Terms & Conditions of the HSBC Cardholder Agreement (which may be amended from time to time at HSBC's sole discretion) accompanying the HSBC Card(s) and that I/we shall be liable unconditionally for the outstanding amounts of both Primary and Supplementary Card(s).

I/We hereby authorise HSBC to issue a Supplementary Card(s) for use on my/our account(s) to the person(s) named who is/ are over 18 years of age and agree that you can provide information to him/her about the account. I/We acknowledge that the accounts operated in conjunction with the Card service will be subject to normal Terms & Conditions which govern the ATM facility as stated in the HSBC Cardholder Agreement (which may be amended from time to time at HSBC's sole discretion).

I/We have received a copy of the Schedule of Services and Tariffs and the General Terms & Conditions booklet

Signing Instructions (Joint A/c only)

Anyone

Jointly

Name _____

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

Name _____

*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"> • Utility Bill dated within the last four months • Landline phone / Internet bills dated within the last four months • Current valid tenancy contract • Bank statements, or credit/debit card statements dated within the last four months (or annual bank statements) if they state the full residential address
Salaried Individuals	<ul style="list-style-type: none"> • Salary transfer letter or salary certificate or employer letter dated with the last four months confirming the employer PO Box and full physical address
Sole Trade or Business owner	<ul style="list-style-type: none"> • Valid trade license of their business entity owned by the individual with the PO box & full physical address • Utility bills dated within the last four months of the business entity owned by the individual • Current valid tenancy contract of the business entity owned by the individual
Student	<ul style="list-style-type: none"> • Letter from the university confirming their enrolment status and university address
Other including not employed and retired	<ul style="list-style-type: none"> • 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 • Visitation by an HSBC employee to the identified residential address.

- 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"> • Salary transfer letter or salary certificate or employer letter dated with the last four months or • Last 3 months bank statements showing salary payment deposits
Sole Trade or Business owner	<ul style="list-style-type: none"> • Valid trade license of their business entity owned by the individual and • Copy of last 3 months bank account statements of the business
Pensioner / Retired	<ul style="list-style-type: none"> • Annual pension statement, pension pay slips dated within the last four months
In case of cash deposit	<ul style="list-style-type: none"> • Proof of source of cash
Student	<ul style="list-style-type: none"> • Letter from University with the course end date • 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
Non employed	<ul style="list-style-type: none"> • Proof of source of funds from the sponsor or contributor.

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">• Utility Bill dated within the last four months• Landline phone / Internet bills dated within the last four months• Current valid tenancy contract• Bank statements, or credit/debit card statements dated within the last four months (or annual bank statements) if they state the full residential address
Salaried Individuals	<ul style="list-style-type: none">• Salary transfer letter or salary certificate or employer letter dated with the last four months confirming the employer PO Box and full physical address
Sole Trade or Business owner	<ul style="list-style-type: none">• Valid trade license of their business entity owned by the individual with the PO box & full physical address• Utility bills dated within the last four months of the business entity owned by the individual• Current valid tenancy contract of the business entity owned by the individual
Student	<ul style="list-style-type: none">• Letter from the university confirming their enrolment status and university address
Other including not employed and retired	<ul style="list-style-type: none">• 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• Visitation by an HSBC employee to the identified residential address.

For Bank Use Only

Account Number _____	Date account opened _____	CSR Initial _____
<input type="checkbox"/> Forms Completed _____	CSR name/Staff identity _____	
<input type="checkbox"/> Signed in my presence _____	Workstation ID _____	
<input type="checkbox"/> B/L checked _____	Others _____	

Additional maintenance _____	KYC & SCC Checked _____ (Sign) SCC <input type="checkbox"/> Yes <input type="checkbox"/> No
International Customer Number _____	
Relationship managed by _____	
Market Sector Code <input type="checkbox"/> 01680 <input type="checkbox"/> 01681 <input type="checkbox"/> 01682 <input type="checkbox"/> 01683 <input type="checkbox"/> 01684 <input type="checkbox"/> 01685 <input type="checkbox"/> 01686 <input type="checkbox"/> 01687 <input type="checkbox"/> 01688	

Bank Authorisation Signature

HSBC Premier Credit Card limit(s) _____	
Existing HSBC Credit Card limit(s)	New Credit Card limit(s) (pre-approved)
Card Number	Type Limit
MC/VISA	
MC/VISA	Cancel
MC/VISA	Cancel

For Joint Accounts

Customer Number 1	Customer Number 2
Bank Authorised Signature	Bank Stamp

Remarks