

## HSBC VISA Supplementary Debit Card and PIN maintenance application

Customer Details					
Primary account holder(s) name:					
Account number:					
For new supplementary card application					
Supplementary card holder name*					
*Must match provided government identification document (NID/Passport/Birth Certificates)					
Name to appear on supplementary card - Maximum 19 characters (in English BLOCK letters):					
Limit assignment to supplementary card holder:					
100% of daily transaction limit available to primary account holder					
BDT (or equivalent FCY) per day for each transaction channel: cash withdrawal, POS transactions and e-commerce.					
Per day limit as below (BDT and equivalent):					
Cash withdrawal: Retail transaction (POS): E-commerce transaction:					
Existing supplementary card maintenance (tick as applicable)					
Existing supplementary card number to be maintained:					
Replacement of card and PIN: (For existing supplementary card holders only)					
Note: If your card is lost/stolen, HSBC will issue you a replacement Visa Debit Card and PIN and automatically cancel your existing card. If your card is damaged, HSBC will issue you with a replacement Visa Debit Card which will replace your existing card. The above is subject to your request for issuance and deduction of applicable charges.					
My card is: Damaged* Lost Captured Stolen					
*Only mark if card is damaged and in possession of the card holder.					
Card cancellation: (For existing supplementary card holders only)					
Mark this box if you want HSBC to cancel your card = Reason:					
Primary account holder(s) signature:					
I confirm, I am authorised to sign and make the above request(s). Furthermore, I hereby acknowledge that this Debit Card is subject to the					
Personal Accounts Terms & Conditions and HSBC Visa Debit Card Terms & Conditions which I have received and understood.					
Signature - 1:            Signature - 2 (Joint accounts):					

## **Delegation of Authority for issuance of**

## Supplementary Debit Card in Delegatee's Name – for new applications only

То	(To be signed by
The Manager	primary account holder(s) in the back)
The Hongkong and Shanghai Banking Corporation (HSBC), Bangladesh	
Office	
I/We, (Full Name(s) of Primary Card holder(s))have given my/our authority to my (Please tick one): Spouse Son Daughter Father Mother, (Name of Supplementary Card holder)	
with present residential address at	
bearing date of birth on:// (dd/mm/yyyy) bearing national ID/Passport No: supplementary debit card issued in his/her name against my/our account number:, withdraw cash or perform monetary transactions for any purpose subject to the applicable terms of cond HSBC and local/international regulations, using the supplementary debit card issued against my/our account	to use a thus allowing him/her to itions of my account with
I/we agree and confirm that any actions undertaken by HSBC in pursuance of this authority, including (amongs Supplementary Debit Card and processing/approving transactions using the said Supplementary Debit Card shand on my/our executors and administrators and all other persons claiming through or under me/us.	
I hereby declare and confirm that the information provided in this form is accurate, complete and true to the further confirm and acknowledge that this form is being signed by me with complete understanding of Bangladesh is entitled to rely on this undertaking/declaration as valid and fully binding upon me (and my such administrators, legal representatives and permitted assigns). Furthermore, I shall remain liable and respondentaken using the Supplementary Debit Card, including with respect to compliance with applicable laws terms and conditions, including (without limitation) Personal Account Terms & Conditions, Terms and Conditions, Terms and Conditions, Terms and Conditions for dual currency transactions as available at www.hsbc.com.bd.	of its contents and HSBC ecessors, heirs, executors, ensible for all transactions and regulations, applicable
Dated on the (day) of (month) on the year	
Signature attestation of Primary account holder(s) with date (in presence of bank official as witness):	
(1)	

1 copy passport size photo of supplementary debit card holder

Office use only					
Checking officer:		Signature:	Date: <i>J J</i>		
Replacement charge w	aive (Reason:		)		
Annual Card Fee char	raina (Reason:		)		
7 mindar dara 1 da dinar	gg (Nod30				
Card product type:	DSSL (SELECT Top Tier	Local Supplementary Card)			
DSSG (SELECT Top Tier Global Supplementary Card)					
For card replacements, previous card under same name/card holder must be deleted.					
Delivery method for PIN:	P1 address	Branch collection (	branch)		
Delivery method for card:	P1 address	Branch collection (	branch)		
Document check list: (for new applications only)					
Proof of identity:	☐ NID/Smart ID	Passport	Birth Certificate		
Others (Please specify)					
Proof of residential address:  Same as primary account holder (Check against system)  Not the same as primary account holder (Check against provided document)					
Not the same as primary account holder (Check against provided document)					
RM Verification: (for new applications only)					
Full legal name and date of birth of supplementary debit card holder identified					
Relationship between primary account holder and supplementary cardholder established					
Nationality/Citizenship identified  Negacycery KVC and enhanding corporing completed for connected parties					
☐ Necessary KYC and onboarding screening completed for connected parties.					
RM endorsement:		Date://			