

 Mail the completed form to: **GPO Box 5302, SYDNEY NSW 2001**
OR
 Fax to: Local **1300 765 150**
International **+612 9762 9339**

CUSTOMER DETAILS

CUSTOMER 1

Customer number (9 digits)

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Title Given name(s)

| | |
|--|--|
| | |
|--|--|

Surname

| |
|--|
| |
|--|

Country of birth (if not previously provided)

| |
|--|
| |
|--|

Nationality (if not previously provided)

| |
|--|
| |
|--|

Do you have multiple nationalities?

| | | | |
|-----------------------------|------------------------------|---------------|--|
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Nationality 2 | |
| | | Nationality 3 | |

CUSTOMER 2

Customer number (9 digits)

| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|
| | | | | | | | | |
|--|--|--|--|--|--|--|--|--|

Title Given name(s)

| | |
|--|--|
| | |
|--|--|

Surname

| |
|--|
| |
|--|

Country of birth (if not previously provided)

| |
|--|
| |
|--|

Nationality (if not previously provided)

| |
|--|
| |
|--|

Do you have multiple nationalities?

| | | | |
|-----------------------------|------------------------------|---------------|--|
| No <input type="checkbox"/> | Yes <input type="checkbox"/> | Nationality 2 | |
| | | Nationality 3 | |

ACCOUNT DETAILS

Which account(s) will this change of details apply to

Bank accounts Financial planning

Primary source of funds

Salary credits Centrelink payments Student allowances Investment income

Type of expected activity

TTs in/out Cash deposits Cash withdrawals Cheque credits Clearing cheques Transfers in/out

CHANGE OF EMPLOYMENT DETAILS

CUSTOMER 1

Occupation

| |
|--|
| |
|--|

Job title

| |
|--|
| |
|--|

Employer's name or nature of business (if self employed)

| |
|--|
| |
|--|

Employer's address

| |
|--|
| |
|--|

State Postcode

| | | |
|--|--|--|
| | | |
|--|--|--|

Country

CUSTOMER 2

Occupation

| |
|--|
| |
|--|

Job title

| |
|--|
| |
|--|

Employer's name or nature of business (if self employed)

| |
|--|
| |
|--|

Employer's address

| |
|--|
| |
|--|

State Postcode

| | | |
|--|--|--|
| | | |
|--|--|--|

Country

NOTIFICATION OF TAX FILE NUMBER

CUSTOMER 1

Tax File Number

| |
|--|
| |
|--|

CUSTOMER 2

Tax File Number

| |
|--|
| |
|--|

CHANGE OF ADDRESS DETAILS

CUSTOMER 1

Current residential address (cannot be a PO Box)

| | | | |
|--|------------------------------|-----------------------------|--|
| State | | Postcode | |
| Country | | | |
| Are you a resident of this country for tax purposes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| At this address since * | DD / MM / YY | | |

Permanent residential address (complete only if different to your current residential address – cannot be a PO Box)

| | | | |
|--|------------------------------|-----------------------------|--|
| State | | Postcode | |
| Country | | | |
| Are you a resident of this country for tax purposes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| At this address since | DD / MM / YY | | |

* Previous address (complete if less than 3 years at your current/permanent residential address – cannot be a PO Box)

| | | | |
|---------|--|----------|--|
| State | | Postcode | |
| Country | | | |

Postal address (only if different to current residential address)

| | | | |
|---------|--|----------|--|
| State | | Postcode | |
| Country | | | |

CUSTOMER 2

Current residential address (cannot be a PO Box)

| | | | |
|--|------------------------------|-----------------------------|--|
| State | | Postcode | |
| Country | | | |
| Are you a resident of this country for tax purposes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| At this address since * | DD / MM / YY | | |

Permanent residential address (complete only if different to your current residential address – cannot be a PO Box)

| | | | |
|--|------------------------------|-----------------------------|--|
| State | | Postcode | |
| Country | | | |
| Are you a resident of this country for tax purposes? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| At this address since | DD / MM / YY | | |

* Previous address (complete if less than 3 years at your current/permanent residential address – cannot be a PO Box)

| | | | |
|---------|--|----------|--|
| State | | Postcode | |
| Country | | | |

Postal address (only if different to current residential address)

| | | | |
|---------|--|----------|--|
| State | | Postcode | |
| Country | | | |

CHANGE OF TELEPHONE NUMBERS

CUSTOMER 1

| | |
|--------------------------|--------------------------|
| Home phone number () | Work phone number () |
| Mobile phone number | |

CUSTOMER 2

| | |
|--------------------------|--------------------------|
| Home phone number () | Work phone number () |
| Mobile phone number | |

CHANGE OF EMAIL ADDRESS

CUSTOMER 1

Email address

CUSTOMER 2

Email address

Mark this box if you would not like to receive promotional material via the above email address(es)

CHANGE OF RESIDENCY (for Taxation Purposes)

CUSTOMER 1

Amend residency to

Australia Other Specify country of residence

CUSTOMER 2

Amend residency to

Australia Other Specify country of residence

CHANGE OF NAME

New name

Other name (if provided you will need to provide evidence of your other name)

In order for us to process your request, please provide the following:

- Certified copies** of your change of name document. Acceptable documents include Marriage Certificate or Change of Name Certificate (issued by the Department of Births, Deaths & Marriages in Australia), Deed Poll Certificate, Certificate of Divorce, or foreign change of name documents (signed by its respective Governments or its accredited Government agencies)
- Certified copy** of primary photographic identification (e.g. drivers licence or passport) in your new or old name. When providing a Drivers Licence as an identification document, please ensure that an image of both the front and back of the licence is provided.

Documents can be certified at an HSBC branch by HSBC staff, or complete a **Customer Identification – Authorised Referee** form and have it certified by a Justice of Peace, Magistrate, Police Officer or Doctor. The form provides a full list of authorised referees and can be viewed online at www.hsbc.com.au

I would like to change my name on the following card. I understand that my existing card will be deactivated once my new card is ordered:

Visa debit card number

CHANGE OF CONTACT PREFERENCE

I would prefer the following forms of contact:

| | | | | |
|--------------------------------|----------------|---|------------------------|--|
| <input type="checkbox"/> Phone | Preferred time | AM <input type="checkbox"/> PM <input type="checkbox"/> | Preferred phone number | |
| <input type="checkbox"/> Mail | | | | |
| <input type="checkbox"/> Email | | <input type="checkbox"/> Other | | |

CHANGE OF STATEMENT CYCLE AND/OR DELIVERY METHOD

CUSTOMER 1

Change statement cycle to

| | |
|---|--|
| Monthly (email*) <input type="checkbox"/> | Quarterly (paper) <input type="checkbox"/> |
| Other <input type="checkbox"/> Specify | |

* Confirm email address

CUSTOMER 2

Change statement cycle to

| | |
|---|--|
| Monthly (email*) <input type="checkbox"/> | Quarterly (paper) <input type="checkbox"/> |
| Other <input type="checkbox"/> Specify | |

* Confirm email address

Mark this box if you would not like to receive promotional material via the above email address(es)

By marking this box I/we consent to HSBC communicating electronically with me/us, including sending and receiving: (a) product disclosure statements, terms and conditions, financial services guides and other contractual documentation; (b) statements of my/our account; (c) notices and other documents from HSBC to me/us about my/our account(s)/product(s); (d) variations to the contract relating to my/our account(s)/product(s); and (e) notices from HSBC to me/us to my nominated email address and authorise HSBC to act on my/our electronic instructions. I/We confirm that I/we have read and agree to the Electronic Communication Consent and I/we am/are aware of the risks of sending and receiving information via email. You may choose to opt-out of HSBC communicating with you electronically by contacting us on 1300 308 008.

AUTHORISATION

Customer 1 Signature

Date

Name

Customer 2 Signature

Date

Name

Office Use Only

| | | | | | | | |
|-----------------------------|-----------------------|--|-----------|--|------|---|---|
| SV <input type="checkbox"/> | Checking officer name | | Signature | | Date | / | / |
|-----------------------------|-----------------------|--|-----------|--|------|---|---|