

Online/Phone Banking Application Request – Personal Accounts

OR

Fax to: **1300 765 150**

Complete the form using blue or black pen and print in clear CAPITAL LETTERS

Complete this form if you have never had access to HSBC's Online or Phone Banking Service. If you have previously had access or require assistance on how to complete this form, please call our Contact Centre on 1300 306 543.

Note: If a staff member instructs you to complete this form because your previous 10-digit Personal Banking Number (PBN) expired, the existing PBN will be deleted for both online and phone banking.

If you are applying at a branch, staff can arrange access so you can log on immediately.

Mail the completed form to: GPO Box 5302, SYDNEY NSW 2001

Note: If your only account with HSBC is a Serious Saver A	ccount, you r	must MAIL this form. Faxes a	re not acceptable.
CUSTOMER DETAILS			
CUSTOMER 1	CUSTOMI	ER 2	
BSB and account number/Credit card number	BSB and account number/Credit card number		
Customer number OR	Customer number OR		
Title	Title		
Mr Mrs Miss Ms Other	Mr Mrs Miss Ms Other		
First name(s)	First name	e(s)	
Surname	Surname		
AUTHORISATION			
Please action the above request. I agree to the Online Ba	nking Terms		
Signature Date	Signature		Date
DD/MM/YY	Y		DD/MM/YY
Name	Name		
Office Use Only			
Existing PBN?			
Customer 1 Customer 2	o (D)		-
Yes Yes If Yes, use existing PBN and complet	e Online/Pho	ne Banking Services Amendr	nent Request form
No No If No, proceed to set up new PBN	3		
SV Checking officer name	Signature		ate / /
OSD Reference User 1		User 2	