

## **HSBC Visa Debit Card Application**

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

Complete this form to apply for a Visa Debit Card or to link an	extra account to your existing Visa Debit Card.	
Mail the completed form to: GPO Box 5302, SYDNEY N	ISW 2001 OR Fax to:	: 1300 765 150
CUSTOMER DETAILS		
APPLICANT 1 First name(s)	APPLICANT 2 First name(s)	
Surname	Surname	
Customer number	Customer number	
NEW VISA DEBIT CARD		
I/We would like to apply for a new  Everyday Global Visa Debit Card  Visa I	Debit Card HSBC Premier Vis	sa Debit Card^
and link to the following account(s).		
APPLICANT 1  Name as you would like it to appear on the card	APPLICANT 2  Name as you would like it to appear on the cal	rd
Primary Account  BSB Account number	Primary Account  BSB Account number	
Secondary Account (an Everyday Global Visa Debit Card cannot be linked)	Secondary Account (an Everyday Global Visa Debit Card cannot be	e linked)
BSB Account number	BSB Account number	
You can access your 'Primary Account' at an ATM or EFTPOS to by using your 16 digit Visa Debit Card number for purchases	erminal by selecting the 'CR' (Credit) or 'SAV' (Smade over the internet, phone, or mail.	Savings) button
You can access your 'Secondary Account' at an ATM or EFTPOS  Notes:  ^ Only available with the Premier Cash Management Account a		n.
AUTHORISATION		
Please send me a Visa Debit card.		
Signature of Applicant 1  Date  DD/MM/YY		ate DD/MM/YY

Office Use Only	,							
SV Minor	Checking officer name		Signature	Date	/	/		
CARD REDIRECT REQUEST Complete if the customer wishes to have their card and PIN delivered to an address which is different to their P1 address Redirect this card to:								
Alternativ	ve address		Branch Name of branch to	redirect to				
			Approval required	from BM/CSM (signatu	ıre)			
		Postcode						
Delivery meth	nod							
Standard Pos Express Pos Courie	st Approval re	guired from BM/CSM	SM signature					