

 Mail the completed form to: **GPO Box 5302, SYDNEY NSW 2001** **OR**  Fax to: **1300 765 150**

CUSTOMER DETAILS

Card name (as it appears on the card)

Account number - -

Visa Debit Card number

ATM card number **6 0 1 3 3 5** Issue number

PERSONAL IDENTIFICATION NUMBER (PIN)

I have exceeded my allowed number of PIN attempts – please reset

I have forgotten the PIN for my Visa Debit or ATM Card – please supply a new PIN

I have lost my PIN/my PIN has been stolen – please supply a new PIN

CARD MAINTENANCE

My card has been

Damaged Lost Captured Stolen *Please also complete the "Stolen Card" section below*

HSBC will issue you with a replacement Visa Debit Card and PIN and will automatically cancel your existing card

CARD CANCELLATION

Mark this box if you want HSBC to cancel your card

STOLEN CARD

Have you advised the police?

No Yes Incident number Date advised **DD / MM / YY**

Have you previously advised HSBC?

No Yes Report time Date advised **DD / MM / YY** Reference number

SIGNATURE

I confirm I am authorised to sign and make the above request/s. Further, I hereby acknowledge that this Debit Card is subject to the Personal Savings and Deposit Accounts Product Disclosure Statement which I have received and understood.

Signature **X** Date **DD / MM / YY**

Name

Office Use Only

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