

Name  Account Number

Card Number ATM  Issue No.

Card Number VISA Debit  Issue No.

### NEW ATM CARD

Please issue a new ATM card for my/our account(s)

Account Number  Name to appear on card - Applicant 1

Account Number  Name to appear on card - Applicant 2

ATM Cards and PINs will be mailed to the account holder's postal address  
**Joint Account Holders:** An ATM card can only be issued for personal accounts. Company accounts are not eligible for an ATM card. An ATM card cannot be issued if more than one signature is required to operate a joint account.

### PIN

Please reset PIN try count

I have forgotten the PIN for my ATM card. Please supply a duplicate PIN

I have forgotten the PIN for my VISA Debit Card. Please supply me with a duplicate PIN

### REPLACEMENT CARD

Reason for replacement  Card Expired  Card damaged/bent

Card does not work - Message received

- Date last used  - Time last used

- ATM or EFTPOS

- Location of ATM/EFTPOS  - Amount

### CANCELLATION OF CARD

Please cancel my ATM Card. Reason

Please cancel my VISA Debit Card Reason

### NOTIFICATION OF LOST/STOLEN CARD, UNAUTHORISED USE OF CARD OR BREACH OF SECURITY

My Card has been  Lost  Stolen (Police advised?  Yes, Incident No.   No)  Captured  Used without Authorisation

Was the PIN with the card?  Yes  No If Yes, how was the PIN disguised?

Date card last used  /  /  Where was the card last used?

Time  Amount

My PIN has been  Known to someone else  Used by someone else  Lost

Stolen (Police advised?  Yes  No) Incident No.

Please issue a new card & new PIN Reported to HSBC - Time  Date  /  /

I am authorised to sign and make the above request(s). Further, I hereby acknowledge that the ATM card is subject to the Banking Electronically terms and conditions contained in Personal Savings and Deposit Accounts Product Disclosure Statement which I have received. If the ATM card is attached to a Home Loan I/we acknowledge that I/we will receive the Banking Electronically Terms and Conditions with my/our new ATM card(s).

Customer Signature  SV

Date  /  /

### BRANCH USE ONLY

HUB U51 updated  FDRA notified  Time  Date  Copy of attached  Old Card Destroyed  Email sent to ATM Cards

Signature verified by:  Print staff name:  Ext

Staff signature:  Date:  /  /  One signature to sign  Y  N Please send to ATM Support

### CARD CENTRE USE ONLY

Re-issue old PIN  Issue new PIN\*  Issue new card  Issue replacement card\*

Actioned by  Date  /  /  Approved by  Date  /  /