



# Internet/Phone Banking Application Request - Personal Accounts

Complete the form using a BLACK PEN and print in clear CAPITAL LETTERS

Complete this form if you have never had access to HSBC's Internet or Phone Banking Service. If you have previously had access or require assistance on how to complete this form, please call our Direct Service Centre on 1300 308 008.

Note: If a staff member instructs you to complete this form because your previous PBN expired, the existing PBN will be deleted for both Internet and Phone Banking. A new PBN with instructions to access Internet and Phone Banking will be re-issued.

If you are applying at a branch, staff can arrange access so you can log on immediately. However, if you are posting or faxing this form, you will receive a wallet sized card with your PBN and instructions on how to register in the mail within the next few days.

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

**Please Note:** If your only account with HSBC is a Serious Saver Account, you must MAIL this form. Faxes are not acceptable.

## CUSTOMER DETAILS

### CUSTOMER 1

Customer number (9 digits)

Title

Mr  Mrs  Miss  Ms  Other

First name(s)

Surname

### CUSTOMER 2

Customer number (9 digits)

Title

Mr  Mrs  Miss  Ms  Other

First name(s)

Surname

## AUTHORISATION

I/we acknowledge that the Phone Banking Service and the Internet Banking Service are subject to the terms and conditions contained in the Personal Savings and Deposit Accounts Product Disclosure Statement, and the Internet Banking Product Disclosure Statement which I/we have read and received.

Signature 1

Date

Name

Signature 2

Date

Name

Office Use Only

|                             | Customer 1                   | Customer 2                   |   |
|-----------------------------|------------------------------|------------------------------|---|
| Existing PBN?               | <input type="checkbox"/> Yes | <input type="checkbox"/> Yes | If yes, use existing PBN and complete Internet/Phone Banking Amendment Request form |
|                             | <input type="checkbox"/> No  | <input type="checkbox"/> No  | If no, proceed to set up new PBN  |
| SV <input type="checkbox"/> | Checking officer name        |                              | Signature   |
|                             |                              |                              | Date / /  |