

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

Complete and sign this signature form, and return the form to us.

 Mail the completed form to: **Reply Paid 4263, SYDNEY NSW 2001** **OR**  Fax to: **(02) 8987 5927**

**Please note your application for an HSBC Credit Card cannot be completed until HSBC receives a copy of your completed signature form.**

Application Reference Number

By signing below you are confirming that the information you supplied when applying for HSBC's Credit Card was true and correct and that HSBC may now issue you a Credit Card.

Account in the name of:

**Signature**

**Date**