

## Consent to disclose your Personal Information with a Third Party

By completing this form you consent to your personal information ('Personal Information') held by HSBC Bank Australia Ltd ('HSBC') to be disclosed to a Third Party (such as a financial advisor).

This form must be signed by you, any additional account holders, and the Third Party to confirm your consent to release your Personal Information to the Third Party. Please read HSBC's Privacy Policy to understand how we collect, store, use and disclose any personal information, available on our website at <a href="www.hsbc.com.au/privacy-policy/">www.hsbc.com.au/privacy-policy/</a>.

Email the completed form to: Information Access Requests Team, HSBC Bank Australia Limited infoaccess@hsbc.com.au

Post the completed form to: Information Access Requests Team, HSBC Bank Australia Limited

GPO Box 5302, Sydney NSW 2001

CUSTOMER 1 DETAILS		
Full Name (please include both names for joint accounts)		
Account BSB	Account Number	
Current Residential Address		
Contact Number	Email Address	
CUSTOMER 2 DETAILS (for joint account holders)		
Full Name (please include both names for joint accounts)		
Account BSB	Account Number	
Current Residential Address		
Contact Number	Email Address	
I/We consent to HSBC sharing Personal Information about me/us with the Third Party as per the details below.		
THIRD PARTY DETAILS		
Contact name	Organisation	
Australian Financial Service Licence(AFSL)/Australian Credit Licence(ACL) Number*		
Address		
Auditos		
Contact Number	Email Address	

\*Applicable where a third party organisation is acting on behalf of the customer in relation to insurance handling claims/debt handling claims as required by ASIC. This may include a law firm or accounting firm acting on behalf of the customer unless exempted under law and/or by ASIC.



Please specify below what Personal Information you want us to disclose to the Third Party.	
Please provide a detailed list of the Personal Information you want to share (e.g. type of personal information, product/acco	unt
information including date ranges). Please provide as much detail as you can to assist us in locating your information	n.
Why do you want us to share your information?	
How will your personal information be used by the third party?	
Please complete the declaration below to confirm that you authorise us to share your personal information with the Third Pa	атту.

Customer Declaration

I confirm that:

- I/we consent to HSBC sharing the Personal Information with the Third Party ONLY for this request.
- Any information about me that HSBC obtains or any account information may be provided to the Third Party.
- To the best of my knowledge, the information provided in this form is complete, accurate and up to date.
- I/we release HSBC from all liabilities regarding the release of Personal Information to the Third Party and how the Third Party may use my Personal Information.
- HSBC is not obligated to verify how the Third Party uses my Personal Information once it has been released to them, or how the Third Party maintains confidentiality and security of my Personal Information.
- I/we accept that the Third Party may not provide the same level of protection for Personal Information or privacy policies equivalent to HSBC.

## **Third Party Declaration**

I/We confirm that:

- I/we understand and accept the responsibilities and obligations of the type of access requested in this form.
- The information held by HSBC may not be complete, accurate or up to date.
- I/we release HSBC from liabilities arising in connection with the release of the Customer's Personal Information held by me/us
- I/we indemnify HSBC against any losses incurred by HSBC (including consequential losses) or actions against HSBC arising in connection with the release of and use of the Customer's Personal information to me/us.



AUTHORISATION	
Customer 1 Signature	Date
- Signature	] [
Customer Name	
Customer Name	
Customer 2 Signature (for joint account holders)	Date
3 ( , , ,	
Customer Name	_
Third Party Signature	Date
Third Party Requester Name	
Office Use Only	

Signature

Checking officer name

SV

Date