HSBC Advance Membership/Conversion Form
Please provide me with HSBC Advance service:

- [ ] Salary Based (With Salary Transfer)
- [ ] Balance Based
- [ ] New customer
- [ ] Upgraded customer
- [ ] Account number
- [ ] New customer
- [ ] Upgraded customer
- [ ] Account number

Your Employment Details

- [ ] Yes
- [ ] No
- [ ] Nationality 1
- [ ] Nationality 2
- [ ] Nationality 3
- [ ] Female
- [ ] Male
- [ ] Passport
- [ ] ID

Your Personal Details

- [ ] Mr.
- [ ] Mrs.
- [ ] Ms.
- [ ] Others

Name (As in ID/Passport)

姓氏                     名字                      中间名

Address

家庭地址

Billing Address

账单地址

Employer Address

职位地址

Previous employers

前雇主

Do you have Multiple Nationalities?

如果持有多个国籍，请提供国籍

Country of Residence

国籍

Passport/ID Country of issue

国籍

Passport/ID Issue Date

护照/身份证明签发日期

Passport/ID Number

护照/身份证明号码

Passport/ID Expiry Date

护照/身份证明过期日期

Residence Visa Expiry Date

签证过期日期

Why HSBC?

请选择您选择HSBC的原因

Frequency

- [ ] Salary (With Salary Transfer)
- [ ] Other income
- [ ] Household income

Purpose of account opening

账户开立目的

Subscription Type

- [ ] New customer
- [ ] Upgraded customer
- [ ] Account number

Your Employment Details

- [ ] Present employer name
- [ ] Profession/Job
- [ ] Job title
- [ ] Salary (EGP)
- [ ] Other income (EGP)
- [ ] Household income (EGP)
- [ ] With this employer since
- [ ] Previous employment

Your Contact Preferences

- [ ] Home Address
- [ ] Permanent Residential Address
- [ ] Employer Address
- [ ] Others

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others

Your Contact Details

- [ ] Mailing Address
- [ ] Address
- [ ] Landmark

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others

Your Contact Details

- [ ] Mailing Address
- [ ] Address
- [ ] Landmark

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others

Your Contact Details

- [ ] Mailing Address
- [ ] Address
- [ ] Landmark

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others

Your Contact Details

- [ ] Mailing Address
- [ ] Address
- [ ] Landmark

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others

Your Contact Details

- [ ] Mailing Address
- [ ] Address
- [ ] Landmark

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others

Your Contact Details

- [ ] Mailing Address
- [ ] Address
- [ ] Landmark

- [ ] Work
- [ ] Home
- [ ] Mobile
- [ ] Fax No.

- [ ] Others
About you
(Thank you for taking the time to provide us with further details about yourself. We shall use this information to help us serve you better.)

Marital Status
- Single
- Married
- Divorced
- Widowed

Educational Level
- Primary
- Preparatory
- Secondary
- Graduated

Home Ownership Status
- Owned
- Living with parents
- Rented

Car Ownership
- Yes
- No

Spouse Name

Number of Children

Names of Children and Date of Birth
1.
D.O.B. ____________________________ / ____________________________ / ____________________________

2.
D.O.B. ____________________________ / ____________________________ / ____________________________

3.
D.O.B. ____________________________ / ____________________________ / ____________________________

Relationship With Other Banks

Financial Institution

Account Type
- Current Account
- Savings Account

Balance/Value

Monthly Investment

Maturity Date

Your Account Type

Current Account
- EGP
- USD
- GBP
- EUR
- Others

Savings Account
- EGP
- USD
- GBP
- EUR
- Others

Please Provide Me/Us With The Following Service(S)

1. Account Statement is printed quarterly by default. For monthly statement, please tick the box:
- Monthly

2. Phone Banking Service
- Yes
- No

3. HSBC Advance Debit Card
- Yes
- No

Other Information

Level of the activity anticipated on the Account
- EGP

Frequency:
- Monthly
- Quarterly
- Half yearly
- Yearly
- Others

Reason for anticipated frequent payments including inward/outward wire transfers

Source of Account opening initial deposit:

Total initial deposit amount and currency:

Other Information

Level of the activity anticipated on the Account
- EGP

Frequency:
- Monthly
- Quarterly
- Half yearly
- Yearly
- Others

Reason for anticipated frequent payments including inward/outward wire transfers

Source of Account opening initial deposit:

Total initial deposit amount and currency:
Are you a public official or belong to one of the following categories?  

No

Current/Former senior or high profile Politicians

Senior Judicial Officials

Senior Members of the Diplomatic Groups (Ambassadors, Charges d’affaires or Members of Boards of Central Banks)

Current/Former high ranking Officials or Political Parties or Public Enterprise

Heads of Supranational Bodies (eg: UN, IMF, World Bank)

Military Officials and Personnel

Members of Royal Families

Ministers

Yes (Please specify hereunder)

Do you fall under any of the following categories or have any business/interest relationship with any of their owners/partners and shareholders?  

Yes (Please specify hereunder)

Do you fall under any of the following categories or have any business/interest relationship with any of their owners/partners and shareholders?  

No

Aides and other close advisors

Immediate family (spouses, children, parents, brothers/sisters) Business Companies in which an individual has an interest or exercises influence

Business Associates

For Bank Use Only

Account Holder Verified Signature

Audit Houses

Auction Houses

Business Standards

Fees Exemption

Chances that I have reviewed, read and agreed upon. I/We further agree on any amendments that might be made to the service charges at the sole discretion of the Bank. I/We understand that in case a Personal Finance is granted, I/We declare that I/We will maintain the Advance account until the full settlement of the Advance amount, otherwise the Bank will have the full right to request the difference between the normal interest rate/commissions and the discounted interest rate/commissions offered to HSBC Advance customers that I/We declare to pay upon the first demand from the Bank or debiting them from any other account maintained with HSBC Bank Egypt.

I hereby agree to transfer my full monthly salary to my account maintained with HSBC Bank Egypt and I abide to formally notify the Bank 15 days prior to suspending salary transfer or my resignation/contract termination.

Submit Advance Application

I declare that all information in this application is true and correct and I acknowledge and accept HSBC Bank Egypt General Terms and Conditions for the Operations of Account and Electronic Banking Services as well as tariff of charges available on HSBC Bank Egypt public website www.hsbc.com.eg which I read, understand and expressly agree to be bound by. I understand that the mentioned Terms and Conditions shall apply to any personal account(s) that I may hold with the Bank from time to time (which the Bank may amend from time to time according to bank sole discretion), which constitutes an integral and complimentary part of this application which we refer to it.

I/We hereby undersigned agree to bear all service fees and tariffs that might occur as per tariffs of charges available on HSBC Bank Egypt public website www.hsbc.com.eg. The advance account will be closed in case of non-payment of installments until the final settlement of the advance amount, otherwise the Bank will have the full right to request the difference between the normal interest rate/commissions and the discounted interest rate/commissions offered to HSBC Advance customers that I/We declare to pay upon the first demand from the Bank or debiting them from any other account maintained with HSBC Bank Egypt.

Issued by HSBC Bank Egypt. CRN 140466

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Primary Card Application Details

Name in (English Letters) as it will appear on the card (maximum 20 characters including spaces)

The Following details are not required from Balance Based Customers:

- **Profession**
  - Professional
  - Self Employed
  - Salaried

- **Business Type**
  - Proprietorship
  - Public sector
  - Private Sector
  - Government
  - Multinational Company
  - Others

- **Length of Service**

Name of a Friend/Relative in Arab Republic of Egypt

Name

Tel. Office

Tel. Res.

Mobile

Supplementary Card Applicant

Name

Tel. Office

Mobile

If the Supplementary card applicant fall under any of the following categories, please specify as appropriate:

- **Are you a public official or belonging to one of the categories?**
  - Yes (Please specify hereunder)
  - No

- **Are you connected to any of the above mentioned Public Officials?**
  - Yes (Please specify hereunder)
  - No

- **Are you a public official or belonging to one of the following categories?**
  - Current/Former senior or high profile Politicians
  - Heads of Supranational Bodies (e.g. UN, IMF, World Bank)
  - Current/Former high ranking Officials or Political Parties or Public Enterprise
  - Senior Members of the Diplomatic Groups (Ambassadors, Charges D'affaires or Members of Boards of Central Banks)

- **Are you connected to any of the above mentioned Public Officials?**
  - Yes (Please specify hereunder)
  - No

- **Do you fall under any of the following categories or have any business/interest relationship with any of their owners/partners and shareholders?**
  - Yes (Please specify hereunder)
  - No

- **Do you fall under any of the following categories?**
  - Luxury Goods/Top Brands
  - Lawyers, Notaries, Other Independent Legal Professionals and Accountants
  - Shops of Jewelry, Precious Metals, Antiques, Fine Art and Galleries, Gold and Stones Businesses
  - Companies involved in the production, distribution or intermediation of arms, other military products/technical knowledge
  - Casinos and other types of gaming/gambling operations including online gambling/gaming
  - High Risk Charities, Non Profit Organisations (NPOs), Non Governmental Organisations (NGOs), Charitable Organisations
  - Money/Currency Exchange/Money Transfer/Cheque Cashing Companies
  - Government and state owned Bodies (ex: Embassies, High Commissions, Central Banks, State Owned Banks, State Owned Utility Companies, Post Offices)

- **Do you have a relationship with any of the following companies or organizations?**
  - Yes (Please specify hereunder)
  - No
Automatic Settlement Instructions

The accounts specified hereunder must be the Primary Card Applicant’s sole accounts or joint accounts holding sole signature authority to “any” or “either” of the account holders. Please debit amounts due on my Card Account automatically from my account number _________.

Monthly settlement percentage (minimum 5%) _________.

ATM Service

The accounts specified hereunder must be the Primary Card Applicant’s sole accounts or joint accounts holding sole signature authority to “any” or “either” of the account holders. Requested Current/Savings Accounts to be accessed through the ATM network:

Primary Card

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Name of Account Holder</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>First A/C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second A/C</td>
<td></td>
<td></td>
</tr>
</tbody>
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<tr>
<td>First A/C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second A/C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Supplementary Card

<table>
<thead>
<tr>
<th>Account Type</th>
<th>Name of Account Holder</th>
<th>Account Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>First A/C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Second A/C</td>
<td></td>
<td></td>
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</tbody>
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<td>Second A/C</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Correspondence and Card Delivery

Please direct my correspondence/deliver my card to the address of

☐ Residence  ☐ Office

Card Statements

Kindly be advised that there is a delivery charge for the hard copy statement. Register for free to Personal Internet Banking Service to enjoy free e-statement.

Confirmation of Other Outstanding Balances

I/we hereby declare that my/our outstanding balances/facilities until the date _________./_______/_______ held with other banks, financial leasing companies and mortgage companies that I/we deal with are as follows:

1- Account name at Bank/Company ................. Name of Bank/Company ................. Account balance/portfolio (in words and numbers) .................

2- Account name at Bank/Company ................. Name of Bank/Company ................. Account balance/portfolio (in words and numbers) .................

3- Account name at Bank/Company ................. Name of Bank/Company ................. Account balance/portfolio (in words and numbers) .................

(We hereby confirm and acknowledge the above outstanding balances/accounts, notwithstanding any interests, commissions or expenses thereof. I further confirm my awareness that provision of any misleading or incorrect balances pertaining the data included herein shall void procession of the facility.

Related Parties Declaration

Related Parties to the client including relatives till the fourth degree and sole proprietorships that he/she owns and their guarantors.

Note: The Bank has the right to request any guarantees or other documents.

Date: Name

Related Parties to the client including relatives till the fourth degree and sole proprietorships that he/she owns and their guarantors.

Date: Name

Related Parties to the client including relatives till the fourth degree and sole proprietorships that he/she owns and their guarantors.

Date: Name

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Date: Name

Related Parties to the client including relatives till the fourth degree and sole proprietorships that he/she owns and their guarantors.

Date: Name

Related Parties to the client including relatives till the fourth degree and sole proprietorships that he/she owns and their guarantors.

Date: Name
Declaration

I hereby apply for Credit Card(s) from HSBC Bank Egypt and declare the following:

1. In consideration of HSBC Bank Egypt granting credit facilities to me, I do hereby undertake to pay to the Bank on the first demand all sums due on the Card Account.

2. I declare that all information provided by me in this application is true and correct. I authorize HSBC Bank Egypt to seek verification of the data given from whatever sources it may so select.

3. I accept that HSBC Bank Egypt is entitled in its absolute discretion to accept or reject this application without assigning any reason whatsoever. And I accept that in case of disapproval on issuing the Card to me, the Bank has the full right to keep the documents attached to this Application.

4. I have read and accepted the conditions stated herein, and in case of the approval on issuing a Card to me, the use of the Card and any supplementary Cards issued on my account shall consider my acceptance to the Terms and Conditions governing the use of the Card (which may be amended from time to time according to the bank’s sole discretion) which is available on the bank’s public website www.hsbc.com.eg constituting an integral and complementary part of this application which we refer to.

5. I hereby declare that I have read and accepted the Terms and Conditions available in the branches. Activating and using the credit card is a confirmation of acceptance of the Terms and Conditions.

6. The customer has the right to request from the branch a printed copy of the terms and conditions.

7. In case of a supplementary card request, the Primary Cardholder hereby acknowledges the Bank’s right to debit his/her account with any transactions operated through the supplementary Cardholder whereby shall have no right to object upon any transactions made thereto. Moreover, confirms and agree to be bound by the Terms and Conditions governing the use of the Card (which may be amended from time to time according to the Bank’s sole discretion) which is available on HSBC Bank Egypt public website www.hsbc.com.eg, constituting an integral and complementary part of this application which we refer thereto. The primary cardholder further declare his/her Civil and Criminal responsibility resulting from the transactions operated by the supplementary cardholder for whom he/she requested issuance of a supplementary Credit Card under his/her full responsibility.

8. I hereby acknowledge and accept that the bank issues the card active and charges issuance fee upon card issuance. Furthermore, I agree and accept that the card gets automatically renewed, issued active and annula renewal fees to be charged.

9. I hereby acknowledge that I am and my Supplementary (if any) the sole beneficiary of card(s).
إلى: بنك إتش إس بي سي مصر ش.م.م (البنك)

أنا الموقع/نحن الموقعين أدناه

أفوضكم/نفوضكم بموجب هذا بصفتي/بصفتنا

تفويضاً غير مشاروط وغير قابل للإلغاء في مملء البيانات الخاصة بكل السندات لأمر

الموقعة مني/منا على بياض وذلك ضمانًا لسداد المبالغ المستحقة أو التي تستحق للبنك

والمرتبية على توقع نموذج طلب إصدار بطاقة ائتمان و/أو نموذج طلب وإتفاقية تمويل و/أو

نموذج طلب إتفاقية منح تسهيلات مصرفية. ومن المتفق عليه أن البنك سيقوم بملء البيانات

المذكورة أعلاه في السندات لأمر طبقًا لدفاتره وسجلاته التي أقبلها/نقبلها كدليل

قاطع على مدينتي/مدينتيتين دون أي منازعة.

التوقيع:

العنوان:

الرقم القومي:

التاريخ:

سند لأمر

التاريخ:          /          /

نحن الموقعين أدناه:  بصفتي

العنوان:

نتعهد بموجب هذا بأن ندفع لأمر

بنك إتش إس بي سي مصر ش.م.م في

يوم:     /       /

مبلغ وقدره:               (فقط)

والقية ومستنا.

ويدفع المبلغ بمقر بنك إتش إس بي سي مصر ش.م.م.

في ...............

والرجوع بلا مصاريف.

التوقيع المعتمد/

التوقيع:

العنوان:

الرقم القومي:

التاريخ:
Authorisation

To: HSBC Bank Egypt S.A.E (The Bank)

I/We the undersigned ..........................................
In my/our capacity as ........................................
hereby irrevocably and unconditionally authorise the Bank to fill in all the information of all Promissory Note(s) signed by me/us in blank as security for the amounts indebted or which will be indebted to the Bank pursuant to my/our signed Credit Card application form and/or application and financing agreement and/or application form and agreement for bank facilities granted to me/us.

It is understood that the Bank shall fill in the said blanks in the Promissory Note(s) in accordance with the books and records which I/we accept as conclusive evidence of my/our indebtedness without any contestation.

Signature: .........................................................
Address: ...........................................................
National ID: .....................................................
Date: .............................................................

We the undersigned:
In our capacity as:
Address:

We hereby undertake to pay to the order of HSBC Bank Egypt S.A.E
On ................/.........../........
The sum of ..........................................................
(Only ..........................................................)
For value received.
This sum is payable to HSBC Bank Egypt S.A.E at .........................................................
Without protest.
Litigation Jurisdiction as per Creditor’s request.
Authorized Signature / ........................................

Promissory Note

Date: ........../.........../........
We the undersigned: ..........................................
In our capacity as: ..........................................
Address: ..........................................................

We hereby undertake to pay to the order of HSBC Bank Egypt S.A.E
On ........../.........../........
The sum of ..........................................................
(Only ..........................................................)
For value received.
This sum is payable to HSBC Bank Egypt S.A.E at .........................................................
Without protest.
Litigation Jurisdiction as per Creditor’s request.
Authorized Signature / ........................................