

Please complete in **BLOCK LETTERS** and tick () boxes as appropriate.

A. CUSTOMER DETAILS

Personal

Title Mr Mrs Miss Are you an existing HSBC customer? Yes No

Family name _____

First name(s) _____

Maiden/Former/Other name _____

I would like my name to be printed on the card as follows:
(not exceeding 19 alphabetical characters including spaces)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date of birth (dd/mm/yyyy) _____ Nationality Mauritian Other _____

National ID _____ Passport No. (Expatriates only) _____

Education Secondary Graduate Post graduate

Marital status Single Married Others (Please specify _____)

Number of dependants _____

Spouse full name (if married) _____

Spouse employer _____ Spouse Occupation _____

Spouse Annual Income _____

Contact

Mobile _____ Tel. Home _____

Email _____

Residential address _____

Correspondence address (if different) _____

I would like my statements and card correspondence mailed to my Residence Office Correspondence address

Residence type Owned Rented Mortgaged Living with relatives Company's residence

Time at present address _____ Monthly rent amount Rs (if rented) _____

Previous address (if living at present address for less than 1 year) _____

Occupation

Occupation Salaried Self-employed

Employer _____ Industry / Business type: _____

Job title _____ Monthly salary Rs _____

Any other income Rs _____ Source of other income _____

Office address _____

Tel. Office _____ Fax number _____

Time in current job / business _____ (if less than 6 months please indicate previous job details)

Previous employer _____

Tel. Office _____ Time in previous job _____

Home Address (To be filled by expatriates only)

Address _____

_____ Email _____

Tel _____ Fax _____

B. SERVICE DETAILS

Card Account Repayment

I would like to repay my credit card bills by:

Cash / Cheque

Debit my HSBC account

(for current HSBC accountholders only)

for full amount due

for _____ % of amount due per month (min 5%)

Preferred repayment date 28th 30th 2nd of the month

Signature(s) of the Accountholder(s)*

S.V.

ATM Access

I would like to have ATM access to the following of my HSBC account(s) with my Credit Card: (Note: Account to be linked should be active)

First account

Second account

Signature(s) of the Accountholder(s)*

S.V.

C. SUPPLEMENTARY APPLICATION INFORMATION (OPTIONAL)

I/We hereby apply for the following supplementary card(s) as per below.

First Supplementary Card

Title Mr Mrs Miss

Relationship with primary applicant _____

Family name _____

First name(s) _____

Maiden/Former/Other name _____

Date of birth (dd/mm/yyyy) _____

Nationality _____

National ID _____

Passport No. (Expatriates only) _____

Name to be printed on card (not exceeding 19 characters including spaces)

ATM access (Note: Account to be linked should be active)

First account

Second account

Signature(s) of the Accountholder(s)*

S.V.

Second Supplementary Card

Title Mr Mrs Miss

Relationship with primary applicant _____

Family name _____

First name(s) _____

Maiden/Former/Other name _____

Date of birth (dd/mm/yyyy) _____

Nationality _____

National ID _____

Passport No. (Expatriates only) _____

Name to be printed on card (not exceeding 19 characters including spaces)

ATM access (Note: Account to be linked should be active)

First account

Second account

Signature(s) of the Accountholder(s)*

S.V.

* In case of Joint Account, all parties to the account must sign on the Credit Card Application Form.

D. CUSTOMER DECLARATION AND SIGNATURE

- By signing below I/we ask that an account be opened for me/us and card(s) issued as I/we request and that you renew and replace it/them until I/we surrender my/our right to use the cards.
- I/We agree that my/our HSBC Visa/MasterCard Credit cards are only to be used subject to the Terms and Conditions of the HSBC Credit Cardholder Agreement and I/we further agree to accept to be bound by the Terms and Conditions of the HSBC Credit Cardholder Agreement.
- I/We acknowledge receipt of the terms and conditions for the use of the credit card which will be in force if my/our application for the credit card is approved.
- I/We agree to be liable jointly and severally for all charges to the principal and supplementary card(s) issued on my/our request.
- I/We hereby warrant that the above information given is true and correct.
- I/We understand that:
 - the Bank of Mauritius has, in the exercise of the powers conferred upon it by law, established a Central Credit Bureau, the "Mauritius Credit Information Bureau" (MCIB) to collect information from banks regarding the credit facilities which they grant to their customers in order to enable a bank which is approached for a credit facility by a customer to obtain information from MCIB regarding any credit facilities granted to that customer by other banks.
 - the information so collected will be kept in strict confidentiality by MCIB and the banks concerned.
 - the Bank will, as part of its appraisal process of the present application, access MCIB to seek information on credit facilities provided to me/us by other banks, I/we authorise the Bank to do so.
 - it will be a term of the credit facility applied for, if granted, that information regarding it shall be given to MCIB for the use of MCIB and other banks.
- I/We understand that the Bank might request for additional financial documents.
- I/We understand that the Bank reserves the right to reject the application at its sole discretion without stating any reason.
- I/We understand that all credit cards will be delivered to my/our mailing address.

For Expatriates Only

- I/We acknowledge that HSBC is providing me/us with the credit card facility on the basis of my/our employment and residential status in Mauritius and that the bank reserves the right to cancel and claim full repayment of the facility when I/we relocate outside Mauritius and/or contact is lost with me/us.
- I/We acknowledge that it is mandatory to have an account - savings or current with HSBC Mauritius to be granted a credit card which will be valid only within my/our work permit duration.

Signature of the Applicant

(S.V.)

Date

Signature of the First Supplementary Applicant

(S.V.)

Signature of the Second Supplementary Applicant

(S.V.)

Please also attach the following documentary evidence

1. Copy of identification (National Identity Card / Passport - with National ID only).
2. Original salary slip / letter from employer.
3. Copy of latest utility bill (CWA, CEB, MT).

In case of living in rented premises only

4. Lease agreement / Rent book.

For self employed only

5. Bank statement for last 3 months.

For expatriates only

6. Copy of valid Work / Occupation Permit and work contract.
7. Passport copy.

E. BANK USE ONLY

Branch use only

Card type	Visa Gold	MasterCard Gold	Visa Classic	MasterCard Standard
Primary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Source of application

A. NEW CUSTOMER

B. EXISTING CUSTOMER

Account number

C. EXISTING CREDIT CARD HOLDER

Application for Second primary card

Application for supplementary card
Please specify associated primary card no

Convert card to Gold
please specify limit applied for MUR

Convert Gold card to Classic / Standard

Documents Required - Checklist

Document	A	B	C	Tick
1 Completed AND signed application + MCIB Declaration form	✓	✓	✓	
2 Certified true copy of ID or Passport	✓	✓	✓	
3 Original Latest Salary Slip	✓	1	1	
4 Original Latest PAID Utility Bill	✓	2	2	
5 Last 6 Months Bank Statements (for self - employed)	✓	3		
6 Certified true copy of Valid Work/Occupational Permit	4			
7 Work contract	4			
8 Deposit Receipt and Security Documents (Lien / Guarantee Forms)		5		
9 Lease agreement / Rent book	6	6		

1 Where salary not credited with HSBC.

2 Where current address differs from HUB C32 screen.

3 Where business proceeds are not credited with HSBC.

4 For expatriates only.

5 For All Cash Secured Applications.

6 In case of rented residence only

Date _____

Branch _____

Sales staff _____ All documentary evidence enclosed Yes No Initials: _____

Staff ID _____ System checked (main & supplementary) Yes No Initials: _____

Referred by _____ Customer signature verification Yes No Initials: _____

Other credit facilities concurrently applying for with HSBC N/A HML PIL OD

IMPORTANT NOTE:

In addition to the above, the usual verifications are to be conducted where required for all SCCs and NCCT nationals and the appropriate KYC forms duly authorised should be submitted accordingly.

SCC NCCT Related third party: Yes No

BM / OIC recommendation _____ BM / OIC signature _____

Date docs send to NSC _____ Time h

CCR use only

Date Received / Resubmitted _____