

## Premier Card Application

Ensure complete submission of required documents.

- Fill in the application form
- Tick  in the appropriate box or indicate N/A for unsuitable answer
- Submit all required documents

Filled by Bank

UAAB

\_\_\_\_\_

### Personal Information

Full name as indicated in Identification card/Passport \_\_\_\_\_  
Name to be printed on your Premier Card \_\_\_\_\_ (max. 19 characters)  
Nickname \_\_\_\_\_  
Date of birth (date/month/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M  F   
Identification card/Passport/KIMS/KITAS number \_\_\_\_\_ (max. 20 characters)  
Nationality \_\_\_\_\_  
Mother's maiden name \_\_\_\_\_ (max. 20 characters)  
Current residential address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ RT \_\_\_\_\_ RWL \_\_\_\_\_ Postal Code (mandatory) \_\_\_\_\_  
Residential phone number (mandatory) \_\_\_\_\_ - \_\_\_\_\_  
Mobile phone number (mandatory) \_\_\_\_\_  
e-mail \_\_\_\_\_ (max. 20 characters)

**In the case of emergency, please contact (next of kin)**

Name \_\_\_\_\_ Relation \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ (max. 20 characters)

### HSBC Account Reference

Your HSBC account number \_\_\_\_\_ HSBC Credit Card : Platinum  Gold  Classic   
Setup a direct debit instruction Yes  No  Minimum Payment  Full Payment

### Credit Shield Plus Protection

I hereby accept Credit Shield Plus protection plan and declare that I am under 61 years old, in a healthy physical condition and I am neither under any diagnosis nor medical attention within the last 6 months. I agree to pay a monthly fee of IDR 50.000 for a protection cover as much as IDR 25.000.000 and I authorized HSBC to debit my HSBC Credit Card account.

Agree  Disagree   
(Blank field will be taken as Disagree)

Appointed beneficiary (Full name as indicated in a valid Identification card)  
\_\_\_\_\_  
Relationship  
\_\_\_\_\_  
 Sign for Credit Shield Plus Agreement

### Correspondence Address

Please send my card and monthly statement to (mandatory) Residential address  Business Address   
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ RT \_\_\_\_\_ RWL \_\_\_\_\_ Postal Code (mandatory) \_\_\_\_\_

### Additional Card for your Family Member

Full name as indicated in Identification card/Passport \_\_\_\_\_  
Name to be printed on the card \_\_\_\_\_ (max. 19 characters)  
Date of birth (date/month/year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender M  F   
Identification card/Passport/KIMS/KITAS number \_\_\_\_\_ (max. 20 characters)  
Mother's maiden name \_\_\_\_\_ (max. 20 characters)  
Relationship with cardholder \_\_\_\_\_

### Declaration

I, HSBC Main Credit Cardholder, declare that the information above are correct and with my signature below, I agree for issuing Main Credit Card and Supplementary Credit Card (if there is any) according to the information above. I declare that the proposed Supplementary Credit Cardholder is at least 18 years of age. I/we authorized HSBC for any data cross check by whatever means and contact any source convenient according to HSBC. I/we are bound by terms and conditions as a member of HSBC MASTERCARD Credit Cardholder and take full responsibility to pay all charges/bills upon Main and Supplementary Credit Card. I/we understand that HSBC has the right to overrule this application without the obligation to provide any notice to me/us and all documents submitted are not returnable. The Bank, within its legal power has the right to issue a Supplementary Card to the person proposed by the Main Cardholder, according to the terms and conditions stated by the Bank. Should the Cardholder is unavailable; HSBC has the right to hand over the Card to a person appointed by me. I declare and agree that HSBC hold no responsibility of any loss happened upon me, because of irresponsible use of the Card by the person that I appointed.

In any conditions where I/we as HSBC Main and Supplementary Cardholder couldn't fulfil my/our obligation to HSBC, I, Main Cardholder, am giving HSBC the non retrievable authorization (whether during or before the due date), convenient to HSBC, to make a *cross border collection* in any way decided by HSBC upon my account in Indonesia or abroad. I authorized HSBC to employ a debt collector agent and a third party to collect an amount of debt whether a debt from (i) transactions incurred from the Main Card and (ii) transactions incurred by Supplementary Cardholder. I authorized HSBC to provide any data given by me, to any other legal bureau within HSBC group to facilitate cross border debt collection.

Note: Yearly fee will be charge through your monthly bill, should your application is approved. Your application process is free of charge. In conjunction with your credit card application process, please be informed should HSBC pay a visit to your correspondence address

|                     |      |
|---------------------|------|
| Applicant Signature | Date |
|---------------------|------|

### Bank Use

|                 |                                |           |
|-----------------|--------------------------------|-----------|
| Account Balance | Relationship Manager signature | Full Name |
|-----------------|--------------------------------|-----------|