



HSBC CORPORATE CARD APPLICATION FORM

Programme Set-up

Name of Company: _____

Name of Company to appear on the Card (not to exceed 19 characters including spaces)

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Corporate Bank Account No: □□□□□□□□□□□□□□□□

Billing Method:

Centrally billed and settled through Company HSBC Bank Account No. □□□□□□□□□□□□□□□□

Individually billed and settled through as specified in Staff Nomination Account

Auto Debit from your HSBC Account Yes No

Overall required limit: _____

Delegation of Authority/ SmartData

On behalf of the Company, I/We confirm the following individuals are authorised to deal with the Bank in respect of all transactions including but not limited to: statement queries, billing/payment queries, card cancellation, card replacement and delivery of new & renewal cards and PINs

(The required details of the said personnel are mentioned herewith for security reasons):

Name of Staff	Contact #	Passport / ID	Date of Birth
1. _____	_____	_____	_____
2. _____	_____	_____	_____

The above instructions remain valid until advised otherwise by authorised persons nominated under delegation of authority

Statement Dispatch Instructions

Please send the monthly Consolidated and Individual Commercial Card statement(s) and /or any correspondence to the attention of:

Mr./Mrs./Ms. _____

Office Tel.: _____ Ext: _____ Mobile: _____ E-mail: _____

Mailing address: _____

Smart Data Gen 2 Subscription (optional)

Should you wish to enrol in our MasterCard SDG2 reporting tool, please complete this section:-

Company Administrator: _____

Office Tel.: _____ Ext: _____ Mobile: _____ E-mail: _____

Address: _____

City: _____ Country: _____



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Authorised Signatories Sign-off

Company's Authorisation

On behalf of the Company, I/We certify that all information given in this application is true and correct in all respects and the company will be bound by the HSBC Corporate Card Programme Agreement Terms and Conditions. The Bank shall be entitled to treat the instruction as fully authorised by and binding upon the Company and the Bank shall be entitled to take such steps in connection with or in reliance upon the instructions as the Bank may consider appropriate. In particular, I/We understand that the Bank is entitled to debit total amount outstanding on the Card account from any other account of the Company held with HSBC.

Signed on behalf of the Company by its duly authorised signatory(ies)

Authorised Signatories –

1st Authorised Signatory

Name: _____

Designation _____

Date: _____

(Signature & Company Seal (if applicable))

2nd Authorised Signatory

Name: _____

Designation _____

Date: _____

(Signature & Company Seal (if applicable))

Bank Use Only

CPD Use

Corporate Card Account Number:

Processing Staff's Name:

Processing Officer's Name:

Processing Staff's Signature:

Processing Officer's Signature:
