

 **Take the first step
towards tomorrow**



HSBC Advance

HSBC 
The world's local bank

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
 2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Date (dd-mm-yyyy):											
		-			-						
Customer Number:											
		-									

JOINT ACCOUNT INFORMATION

JOINT ACCOUNT NAME *			
	FIRST NAME	MIDDLE NAME	FAMILY NAME
Joint Accountholder 1*			
Joint Accountholder 2*			
Joint Accountholder 3*			
Joint Accountholder 4*			

CORRESPONDENCE and CONTACT DETAILS

Correspondence Primary Address (Correspondence 1)	
	Postal Code
Correspondence Secondary Address (Correspondence 2)	
	Postal Code
Mailing Instruction	<input type="checkbox"/> E-statement via Internet Banking <input type="checkbox"/> Correspondence 1 <input type="checkbox"/> Correspondence 2
Note: 1. For Correspondence 1 or Correspondence 2 delivery, please debit our _____ account for the prevailing printed statement fee. 2. If Correspondence 1 or Correspondence 2 is selected, only one statement of account will be generated under the joint account package and will be delivered to the declared address.	

CONTACT DETAILS*	Residence Telephone Number	Country Code	Area Code	Telephone Number	Mobile Number	
	Office Telephone Number					Your mobile no. will automatically be enrolled in HSBC CC.
	Fax Number				E-mail address	

SIGNING INSTRUCTION

Please tick one

Anyone
 Jointly
 Others (please specify): _____

HSBC Advance Account Opening Form Joint Account

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Date (dd-mm-yyyy):									
		-			-				
Customer Number:									
		-							

PERSONAL DETAILS - JOINT ACCOUNTHOLDER 1

FIRST NAME	MIDDLE NAME	FAMILY NAME
ACCOUNT HOLDER NAME *		
Preferred Name* ¹		
Other Name* ²		
Former Name* ³		

¹ Clients with more than one first name should provide their preferred name / ²Aliases or name in another language, if any / ³Includes maiden name, if applicable

Date of Birth (dd-mm-yyyy)*		Place of Birth*							
Gender* <input type="radio"/> Male <input type="radio"/> Female	Philippine Resident? <input type="radio"/> Yes <input type="radio"/> No	Country of Residence				Nationality*			
Marital Status* <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> living together									

FIRST NAME	MIDDLE NAME	FAMILY NAME
Mother's Maiden Name		

If married, Name of Spouse									
No. of Children	Name of Children				Date of Birth (dd-mm-yyyy)				

Present Residence Address*									
									Postal Code

Permanent Residence Address*									
									Postal Code

Mailing Instruction <input type="checkbox"/> E-statement via Internet Banking	<input type="checkbox"/> Home	<input type="checkbox"/> Office
Note: For Home or Office delivery, please debit my account _____ for the prevailing printed statement fee.		

	Country Code	Area Code	Telephone Number	Residence Telephone Number	Mobile Number	
CONTACT DETAILS*						Your mobile no. will automatically be enrolled in HSBC CC.
				Office Telephone Number	E-mail address	E-mail address is mandatory, if applying for e-statement/online banking.
				Fax Number		

Residence Type <input type="checkbox"/> renting private landlord <input type="checkbox"/> renting public housing <input type="checkbox"/> mortgaged <input type="checkbox"/> owned <input type="checkbox"/> living with parents <input type="checkbox"/> company residence	Years of stay in present address
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Car Ownership <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged <input type="checkbox"/> Company Car <input type="checkbox"/> No Car

Educational Background <input type="checkbox"/> Limited/None <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Post Graduate

Household Income Level <input type="checkbox"/> ZERO Income <input type="checkbox"/> Php1,000 and below <input type="checkbox"/> Php1,001 – 5,000 <input type="checkbox"/> Php5,001 – 10,000 <input type="checkbox"/> Php10,001 – 30,000 <input type="checkbox"/> Php30,001 – 70,000 <input type="checkbox"/> Php70,001 – 120,000 <input type="checkbox"/> ABOVE Php120,000

DOCUMENTARY DETAILS

VALID ID* (Type)	ID Number*
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EMPLOYMENT DETAILS

Tax Identification Number (TIN)*

Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Housewife <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employed <input type="checkbox"/> Self-Employed Professional <input type="checkbox"/> Student <input type="checkbox"/> Unemployed

Employer/Business Name*	Nature of Business*
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Employer Address

Job Title and Nature of Work* (e.g. VP Human Resources)	If professional, please specify (e.g. doctor, accountant)
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Customer Initial

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
 2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Name of Previous Employer											
Job Tenure	Current			years	months	Previous			years	months	
Monthly Salary	<input type="checkbox"/>	ZERO Income	<input type="checkbox"/>	Php1,000 and below	<input type="checkbox"/>	Php1,001 – 5,000	<input type="checkbox"/>	Php5,001 – 10,000			
	<input type="checkbox"/>	Php10,000 – 30,000	<input type="checkbox"/>	Php30,001 – 70,000	<input type="checkbox"/>	Php70,001 – 120,000	<input type="checkbox"/>	ABOVE Php120,000			
Personal Income	<input type="checkbox"/>	ZERO Income	<input type="checkbox"/>	Php1,000 and below	<input type="checkbox"/>	Php1,001 – 5,000	<input type="checkbox"/>	Php5,001 – 10,000			
	<input type="checkbox"/>	Php10,000 – 30,000	<input type="checkbox"/>	Php30,001 – 70,000	<input type="checkbox"/>	Php70,001 – 120,000	<input type="checkbox"/>	ABOVE Php120,000			

OTHER INFORMATION

Source of Funds*

Use of Funds*

Purpose of account*

Are you opening the account for the benefit or on behalf of another person?* Yes No

If so, what's the name of that person?

What is the reason for maintaining the account in your name?

FOR NON-RESIDENT ONLY

Have you stayed in the Philippines for an aggregate period of more than 180 days in any calendar year? Yes No

Do you plan/intend to stay in the Philippines for an aggregate period of more than 180 days? Yes No

YOUR BANKING RELATIONSHIP

<p>Are you an HSBC Savings Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> Deposit Account <input type="checkbox"/> Loan Account <input type="checkbox"/> Investment Account</p>	<p>Why did you choose HSBC Savings Bank?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Existing customer relationship <input type="checkbox"/> Convenient location of bank <input type="checkbox"/> Recommendation by friend/family <input type="checkbox"/> Employer's bank for salary payment <input type="checkbox"/> Family has always banked with HSBC Savings Bank <input type="checkbox"/> Prize related reasons <input type="checkbox"/> Response to particular advertising <input type="checkbox"/> Service related reasons <input type="checkbox"/> Dissatisfaction with previous bank <input type="checkbox"/> Other reasons, <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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HSBC Savings Bank Account Number

Time with HSBC Savings Bank years months Other Bank Relationships

HSBC Advance Account Opening Form Joint Account

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Date (dd-mm-yyyy):									
		-			-				
Customer Number:									
		-							

PERSONAL DETAILS - JOINT ACCOUNTHOLDER 2

FIRST NAME	MIDDLE NAME	FAMILY NAME
ACCOUNT HOLDER NAME *		
Preferred Name* ¹		
Other Name* ²		
Former Name* ³		

¹ Clients with more than one first name should provide their preferred name / ²Aliases or name in another language, if any / ³Includes maiden name, if applicable

Date of Birth (dd-mm-yyyy)*		Place of Birth*							
Gender* <input type="radio"/> Male <input type="radio"/> Female	Philippine Resident? <input type="radio"/> Yes <input type="radio"/> No	Country of Residence				Nationality*			
Marital Status* <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> living together									

FIRST NAME	MIDDLE NAME	FAMILY NAME
Mother's Maiden Name		

If married, Name of Spouse									
No. of Children	Name of Children				Date of Birth (dd-mm-yyyy)				

Present Residence Address*									
								Postal Code	
Permanent Residence Address*									
								Postal Code	

Mailing Instruction <input type="checkbox"/> E-statement via Internet Banking	<input type="checkbox"/> Home	<input type="checkbox"/> Office
Note: For Home or Office delivery, please debit my account _____ for the prevailing printed statement fee.		

	Country Code	Area Code	Telephone Number		Mobile Number				
CONTACT DETAILS*	Residence Telephone Number								
	Office Telephone Number								
	Fax Number								
					E-mail address				

Your mobile no. will automatically be enrolled in HSBC CC.
E-mail address is mandatory, if applying for e-statement/online banking.

Residence Type	<input type="checkbox"/> renting private landlord	<input type="checkbox"/> renting public housing	<input type="checkbox"/> mortgaged	Years of stay in present address
	<input type="checkbox"/> owned	<input type="checkbox"/> living with parents	<input type="checkbox"/> company residence	
Car Ownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Owned	<input type="checkbox"/> Mortgaged
			<input type="checkbox"/> Company Car	<input type="checkbox"/> No Car
Educational Background	<input type="checkbox"/> Limited/None	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary
			<input type="checkbox"/> Post Graduate	
Household Income Level	<input type="checkbox"/> ZERO Income	<input type="checkbox"/> Php1,000 and below	<input type="checkbox"/> Php1,001 – 5,000	<input type="checkbox"/> Php5,001 – 10,000
	<input type="checkbox"/> Php10,001 – 30,000	<input type="checkbox"/> Php30,001 – 70,000	<input type="checkbox"/> Php70,001 – 120,000	<input type="checkbox"/> ABOVE Php120,000

DOCUMENTARY DETAILS

VALID ID* (Type)	ID Number*
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EMPLOYMENT DETAILS

Tax Identification Number (TIN)*									
Employment Status <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Housewife <input type="checkbox"/> Overseas Filipino Worker <input type="checkbox"/> Retired					<input type="checkbox"/> Self-Employed <input type="checkbox"/> Self-Employed Professional <input type="checkbox"/> Student <input type="checkbox"/> Unemployed				
Employer/Business Name*					Nature of Business*				
Employer Address									
Job Title and Nature of Work* (e.g. VP Human Resources)					If professional, please specify (e.g. doctor, accountant)				



Customer Initial

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
 2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Name of Previous Employer											
Job Tenure	Current			years	months	Previous			years	months	
Monthly Salary	<input type="checkbox"/>	ZERO Income	<input type="checkbox"/>	Php1,000 and below	<input type="checkbox"/>	Php1,001 – 5,000	<input type="checkbox"/>	Php5,001 – 10,000			
	<input type="checkbox"/>	Php10,000 – 30,000	<input type="checkbox"/>	Php30,001 – 70,000	<input type="checkbox"/>	Php70,001 – 120,000	<input type="checkbox"/>	ABOVE Php120,000			
Personal Income	<input type="checkbox"/>	ZERO Income	<input type="checkbox"/>	Php1,000 and below	<input type="checkbox"/>	Php1,001 – 5,000	<input type="checkbox"/>	Php5,001 – 10,000			
	<input type="checkbox"/>	Php10,000 – 30,000	<input type="checkbox"/>	Php30,001 – 70,000	<input type="checkbox"/>	Php70,001 – 120,000	<input type="checkbox"/>	ABOVE Php120,000			

OTHER INFORMATION

Source of Funds*

Use of Funds*

Purpose of account*

Are you opening the account for the benefit or on behalf of another person?* Yes No

If so, what's the name of that person?

What is the reason for maintaining the account in your name?

FOR NON-RESIDENT ONLY

Have you stayed in the Philippines for an aggregate period of more than 180 days in any calendar year? Yes No

Do you plan/intend to stay in the Philippines for an aggregate period of more than 180 days? Yes No

YOUR BANKING RELATIONSHIP

<p>Are you an HSBC Savings Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> Deposit Account <input type="checkbox"/> Loan Account <input type="checkbox"/> Investment Account</p>	<p>Why did you choose HSBC Savings Bank?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Existing customer relationship <input type="checkbox"/> Convenient location of bank <input type="checkbox"/> Recommendation by friend/family <input type="checkbox"/> Employer's bank for salary payment <input type="checkbox"/> Family has always banked with HSBC Savings Bank <input type="checkbox"/> Prize related reasons <input type="checkbox"/> Response to particular advertising <input type="checkbox"/> Service related reasons <input type="checkbox"/> Dissatisfaction with previous bank <input type="checkbox"/> Other reasons, <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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HSBC Savings Bank Account Number

Time with HSBC Savings Bank years months Other Bank Relationships

HSBC Advance Account Opening Form Joint Account

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Date (dd-mm-yyyy):									
		-			-				
Customer Number:									
		-							

PERSONAL DETAILS - JOINT ACCOUNTHOLDER 3

FIRST NAME	MIDDLE NAME	FAMILY NAME
ACCOUNT HOLDER NAME *		
Preferred Name* ¹		
Other Name* ²		
Former Name* ³		

¹ Clients with more than one first name should provide their preferred name / ²Aliases or name in another language, if any / ³Includes maiden name, if applicable

Date of Birth (dd-mm-yyyy)*		Place of Birth*							
Gender* <input type="radio"/> Male <input type="radio"/> Female	Philippine Resident? <input type="radio"/> Yes <input type="radio"/> No	Country of Residence				Nationality*			
Marital Status* <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> living together									

FIRST NAME	MIDDLE NAME	FAMILY NAME
Mother's Maiden Name		

If married, Name of Spouse										
No. of Children	Name of Children					Date of Birth (dd-mm-yyyy)				

Present Residence Address*									
								Postal Code	

Permanent Residence Address*									
								Postal Code	

Mailing Instruction	<input type="checkbox"/> E-statement via Internet Banking	<input type="checkbox"/> Home	<input type="checkbox"/> Office
Note: For Home or Office delivery, please debit my account _____ for the prevailing printed statement fee.			

CONTACT DETAILS*	Residence Telephone Number	Country Code	Area Code	Telephone Number	Mobile Number				
	Office Telephone Number					Your mobile no. will automatically be enrolled in HSBC CC.			
	Fax Number					E-mail address	E-mail address is mandatory, if applying for e-statement/online banking.		

Residence Type	<input type="checkbox"/> renting private landlord	<input type="checkbox"/> renting public housing	<input type="checkbox"/> mortgaged	Years of stay in present address	
	<input type="checkbox"/> owned	<input type="checkbox"/> living with parents	<input type="checkbox"/> company residence		

Car Ownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Owned	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Company Car	<input type="checkbox"/> No Car
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Educational Background	<input type="checkbox"/> Limited/None	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Post Graduate
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Household Income Level	<input type="checkbox"/> ZERO Income	<input type="checkbox"/> Php1,000 and below	<input type="checkbox"/> Php1,001 – 5,000	<input type="checkbox"/> Php5,001 – 10,000
	<input type="checkbox"/> Php10,001 – 30,000	<input type="checkbox"/> Php30,001 – 70,000	<input type="checkbox"/> Php70,001 – 120,000	<input type="checkbox"/> ABOVE Php120,000

DOCUMENTARY DETAILS

VALID ID* (Type)	ID Number*
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EMPLOYMENT DETAILS

Tax Identification Number (TIN)*	
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Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Housewife	<input type="checkbox"/> Overseas Filipino Worker	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Self-Employed Professional	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	

Employer/Business Name*	Nature of Business*
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Employer Address

Job Title and Nature of Work* (e.g. VP Human Resources)	If professional, please specify (e.g. doctor, accountant)
---	---



Customer Initial

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
 2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Name of Previous Employer										
Job Tenure	Current		years		months	Previous		years		months
Monthly Salary	<input type="checkbox"/> ZERO Income	<input type="checkbox"/> Php1,000 and below	<input type="checkbox"/> Php1,001 – 5,000	<input type="checkbox"/> Php5,001 – 10,000						
	<input type="checkbox"/> Php10,000 – 30,000	<input type="checkbox"/> Php30,001 – 70,000	<input type="checkbox"/> Php70,001 – 120,000	<input type="checkbox"/> ABOVE Php120,000						
Personal Income	<input type="checkbox"/> ZERO Income	<input type="checkbox"/> Php1,000 and below	<input type="checkbox"/> Php1,001 – 5,000	<input type="checkbox"/> Php5,001 – 10,000						
	<input type="checkbox"/> Php10,000 – 30,000	<input type="checkbox"/> Php30,001 – 70,000	<input type="checkbox"/> Php70,001 – 120,000	<input type="checkbox"/> ABOVE Php120,000						

OTHER INFORMATION

Source of Funds*

Use of Funds*

Purpose of account*

Are you opening the account for the benefit or on behalf of another person?* Yes No

If so, what's the name of that person?

What is the reason for maintaining the account in your name?

FOR NON-RESIDENT ONLY

Have you stayed in the Philippines for an aggregate period of more than 180 days in any calendar year? Yes No

Do you plan/intend to stay in the Philippines for an aggregate period of more than 180 days? Yes No

YOUR BANKING RELATIONSHIP

<p>Are you an HSBC Savings Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> Deposit Account <input type="checkbox"/> Loan Account <input type="checkbox"/> Investment Account</p>	<p>Why did you choose HSBC Savings Bank?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Existing customer relationship <input type="checkbox"/> Convenient location of bank <input type="checkbox"/> Recommendation by friend/family <input type="checkbox"/> Employer's bank for salary payment <input type="checkbox"/> Family has always banked with HSBC Savings Bank <input type="checkbox"/> Prize related reasons <input type="checkbox"/> Response to particular advertising <input type="checkbox"/> Service related reasons <input type="checkbox"/> Dissatisfaction with previous bank <input type="checkbox"/> Other reasons, <div style="border: 1px solid black; height: 20px; width: 100%; margin-top: 5px;"></div>
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HSBC Savings Bank Account Number

Time with HSBC Savings Bank years months Other Bank Relationships

HSBC Advance Account Opening Form Joint Account

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Date (dd-mm-yyyy):									
		-			-				
Customer Number:									
		-							

PERSONAL DETAILS - JOINT ACCOUNTHOLDER 4

FIRST NAME	MIDDLE NAME	FAMILY NAME
ACCOUNT HOLDER NAME *		
Preferred Name* ¹		
Other Name* ²		
Former Name* ³		

¹ Clients with more than one first name should provide their preferred name / ²Aliases or name in another language, if any / ³Includes maiden name, if applicable

Date of Birth (dd-mm-yyyy)*		Place of Birth*							
Gender* <input type="radio"/> Male <input type="radio"/> Female	Philippine Resident? <input type="radio"/> Yes <input type="radio"/> No	Country of Residence				Nationality*			
Marital Status* <input type="checkbox"/> single <input type="checkbox"/> married <input type="checkbox"/> widowed <input type="checkbox"/> separated <input type="checkbox"/> living together									

FIRST NAME	MIDDLE NAME	FAMILY NAME
Mother's Maiden Name		

If married, Name of Spouse									
No. of Children	Name of Children				Date of Birth (dd-mm-yyyy)				

Present Residence Address*									
								Postal Code	

Permanent Residence Address*									
								Postal Code	

Mailing Instruction	<input type="checkbox"/> E-statement via Internet Banking	<input type="checkbox"/> Home	<input type="checkbox"/> Office
Note: For Home or Office delivery, please debit my account _____ for the prevailing printed statement fee.			

CONTACT DETAILS*	Residence Telephone Number	Country Code	Area Code	Telephone Number	Mobile Number
	Office Telephone Number				
	Fax Number				
					E-mail address

Your mobile no. will automatically be enrolled in HSBC CC.
E-mail address is mandatory, if applying for e-statement/online banking.

Residence Type	<input type="checkbox"/> renting private landlord	<input type="checkbox"/> renting public housing	<input type="checkbox"/> mortgaged	Years of stay in present address
	<input type="checkbox"/> owned	<input type="checkbox"/> living with parents	<input type="checkbox"/> company residence	

Car Ownership	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Owned	<input type="checkbox"/> Mortgaged	<input type="checkbox"/> Company Car	<input type="checkbox"/> No Car
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Educational Background	<input type="checkbox"/> Limited/None	<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Tertiary	<input type="checkbox"/> Post Graduate
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Household Income Level	<input type="checkbox"/> ZERO Income	<input type="checkbox"/> Php1,000 and below	<input type="checkbox"/> Php1,001 – 5,000	<input type="checkbox"/> Php5,001 – 10,000
	<input type="checkbox"/> Php10,001 – 30,000	<input type="checkbox"/> Php30,001 – 70,000	<input type="checkbox"/> Php70,001 – 120,000	<input type="checkbox"/> ABOVE Php120,000

DOCUMENTARY DETAILS

VALID ID* (Type)	ID Number*
------------------	------------

EMPLOYMENT DETAILS

Tax Identification Number (TIN)*

Employment Status	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Housewife	<input type="checkbox"/> Overseas Filipino Worker	<input type="checkbox"/> Retired
	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Self-Employed Professional	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed	

Employer/Business Name*	Nature of Business*
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Employer Address

Job Title and Nature of Work* (e.g. VP Human Resources)	If professional, please specify (e.g. doctor, accountant)
---	---



Customer Initial

Note: 1. Please complete in BLOCK LETTERS and tick where applicable.
 2. Please fill out completely the fields marked by a cross sign (*) as required by R.A. 9160, Anti-Money Laundering Act of 2001, as amended by R.A. 9194.

Name of Previous Employer											
Job Tenure	Current			years	months	Previous			years	months	
Monthly Salary	<input type="checkbox"/>	ZERO Income	<input type="checkbox"/>	Php1,000 and below	<input type="checkbox"/>	Php1,001 – 5,000	<input type="checkbox"/>	Php5,001 – 10,000			
	<input type="checkbox"/>	Php10,000 – 30,000	<input type="checkbox"/>	Php30,001 – 70,000	<input type="checkbox"/>	Php70,001 – 120,000	<input type="checkbox"/>	ABOVE Php120,000			
Personal Income	<input type="checkbox"/>	ZERO Income	<input type="checkbox"/>	Php1,000 and below	<input type="checkbox"/>	Php1,001 – 5,000	<input type="checkbox"/>	Php5,001 – 10,000			
	<input type="checkbox"/>	Php10,000 – 30,000	<input type="checkbox"/>	Php30,001 – 70,000	<input type="checkbox"/>	Php70,001 – 120,000	<input type="checkbox"/>	ABOVE Php120,000			

OTHER INFORMATION

Source of Funds*

Use of Funds*

Purpose of account*

Are you opening the account for the benefit or on behalf of another person?* Yes No

If so, what's the name of that person?

What is the reason for maintaining the account in your name?

FOR NON-RESIDENT ONLY

Have you stayed in the Philippines for an aggregate period of more than 180 days in any calendar year? Yes No

Do you plan/intend to stay in the Philippines for an aggregate period of more than 180 days? Yes No

YOUR BANKING RELATIONSHIP

<p>Are you an HSBC Savings Bank Customer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes: <input type="checkbox"/> Deposit Account <input type="checkbox"/> Loan Account <input type="checkbox"/> Investment Account</p>	<p>Why did you choose HSBC Savings Bank?</p> <p><input type="checkbox"/> Existing customer relationship</p> <p><input type="checkbox"/> Convenient location of bank</p> <p><input type="checkbox"/> Recommendation by friend/family</p> <p><input type="checkbox"/> Employer's bank for salary payment</p> <p><input type="checkbox"/> Family has always banked with HSBC Savings Bank</p> <p><input type="checkbox"/> Prize related reasons</p> <p><input type="checkbox"/> Response to particular advertising</p> <p><input type="checkbox"/> Service related reasons</p> <p><input type="checkbox"/> Dissatisfaction with previous bank</p> <p><input type="checkbox"/> Other reasons,</p> <p><input type="text"/></p>
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HSBC Savings Bank Account Number

Time with HSBC Savings Bank years months Other Bank Relationships

LETTER OF INDEMNITY

IMPORTANT NOTICE

Customers should consider the possible risks inherent in the giving of instructions by facsimile. Non-original signatures on the facsimiles may be forged and instructions given by facsimile may be transmitted to wrong numbers, may never reach our Bank and may thereby become known to third parties, thus losing their confidential nature. Our Bank accepts no responsibility for the occurrence of any such circumstances or for any action, claim, loss, damage or cost arising or incurred by customers as a result of or in connection with any such circumstances or the giving of any such instructions by facsimile. Customers are and continue to be jointly responsible for making their own independent appraisal and assessment of any possible risks in relation to the giving of any such instructions. Accordingly, customers should not authorize our Bank to accept instructions by facsimile unless they are prepared to undertake such risks and have satisfied themselves in all respect with regard to such authorization.

HSBC Savings Bank (Philippines) Inc. (HSBC Savings Bank)

Customer Number	
Account Number/s *	
Facsimile Code (optional)	

***IMPORTANT: If you indicate specific accounts in this field, the authority and instructions contained in this Letter of Indemnity will only cover the accounts identified. If this field is left blank, this document will cover all existing and future accounts under the indicated Customer Number.**

Gentlemen:

In consideration of your agreeing to accept from us from time to time instructions purporting to come from us via electronic mail or in the form of facsimile bearing a code as specified above, or where no accounts have been indicated, in relation to all our existing and future deposit, investment and other accounts under the above Customer Number (the "Accounts") without requiring written confirmation in respect of said instructions prior to acting thereon, we confirm that:

1. We are aware of the possible risks involved in connection with the giving of any faxed instruction and have taken note of, and acknowledge our understanding and agreement to the "**Important Notice**" above, which has been explained to us by HSBC Savings Bank.
2. You are hereby irrevocably and unconditionally authorized to act on any instruction received by facsimile instruction which in your sole discretion believe emanate from us or otherwise appear to comply with the terms of the mandate for the Account(s) and you shall not be liable for acting in good faith on facsimile instructions which emanate from unauthorized individuals or in any circumstances whatsoever.
3. You shall not be under any duty to verify the identity of the person or persons giving any facsimile instruction purportedly made by or on our behalf or the authenticity of any signature on said instruction. Any transaction made pursuant to any facsimile instruction shall be binding upon us whether made with or without our authority, knowledge or consent.
4. In the event that a facsimile instruction cross-refers to any terms and conditions as being applicable to such instruction or the related transaction (whether expressed as printed overleaf or as a separate document), we agree that you shall be entitled to treat cross-reference as a reference to your current standard terms and conditions applicable to such type of instruction or transaction and to proceed on the basis that we have read, understood and accepted such terms and conditions.
5. We undertake to keep you indemnified at all times against, and to save you harmless from all actions, proceedings, claims, loss, damage, costs and expenses which may be brought against you or suffered or incurred by you and which shall have arisen either directly or indirectly out of or in connection with your accepting facsimile from us and acting thereon, whether or not the same are confirmed in writing by us.
6. We agree that, should we submit to you the original instructions previously sent to you by facsimile instructions previously made by us, we will clearly affix thereon the notation: "**For regularization only**" and we agree that you shall not be liable for any action or decision taken by you on the basis of your receipt of the said original instruction or written confirmation, as the case may be, which does not bear the required notation.
7. The liabilities of each of us herewith shall be joint and several.



We want to avail of Investments Yes No

LETTER OF APPOINTMENT

YES NO

Gentlemen:

We hereby appoint HSBC Savings Bank (Philippines) Inc. (HSBC Savings Bank), as my authorized/accredited broker to buy or sell securities on my behalf.

TERMS OF BUSINESS LETTER

This Terms of Business Letter provides an overview of the investment services offered by HSBC Savings Bank (Philippines) Inc., and indicates the scope of wealth management services provided by your Personal Banking Officer.

HSBC Savings Bank (Philippines) Inc.

A. Before we start - Your Personal Banking Officer

Please refer to the business card for full details of your HSBC Savings Bank Representative. Please retain this for future reference.

B. Our responsibilities to you

- We will at all times endeavor to suggest a range of products we feel are likely to be suitable for you based on the information you provide. Ultimately the decision to invest in specific products will be yours but we undertake to assist you in making your ultimate investment decisions. You have the right not to divulge your information to us if you do not wish to do so however this will restrict our ability to suggest products and services which are likely to be suitable for you. Any information you do divulge will be kept confidential and only used in accordance with the terms and conditions applicable to our relationship.
- We will provide explanatory literature we believe to be fair, clear and not misleading. This literature will be balanced in content so that you are able to appreciate both the advantages and disadvantages of investment and savings products that we may suggest you consider.
- We will only suggest you consider products and services we feel offer good value and which have been approved internally for distribution to our customers.
- In return for providing you with investment services, HSBC Savings Bank may receive fees and commission from product providers. You do not have to pay directly for these services. Full details of fees and commissions are available on request.

C. Your Personal Banking Officer

- Your Personal Banking Officer will suggest a range of products to you having considered their possible suitability for your personal circumstances. Your Personal Banking Officer undertakes to perform a suitability analysis before presenting the available product range to you. All suggestions are based on information that you provide to us.
- Your Personal Banking Officer will offer you the opportunity to complete a Risk Profile Questionnaire (RPQ) when you are considering investing. This tool will help you decide what level of investment risk you are happy to accept. As your risk appetite can change over time and indeed you may have different risk appetites depending on the purpose of the investment, we will offer you this opportunity each time you are seeking to invest fresh funds or looking to re-engineer existing investments.
- Your Personal Banking Officer will provide information which will explain how the various products work and disclose all relevant information including risks, charges, fees and other relevant product features. You are requested to read all accompanying documents relating to the products you are considering purchasing.
- On a regular basis, your Personal Banking Officer will provide updates on your investments. Please note we do not provide a portfolio management service or an ongoing portfolio monitoring service. You may however ask us to review your existing portfolio or products at anytime in light of your current circumstances at which time we will endeavor to provide suggestions for your consideration which are in line with your changed circumstances. We do not give investment advice on specific stocks, shares or investment products.
- Where your Personal Banking Officer is not accredited to provide suggestions on a specific product or service, he or she will refer you to a colleague more suitably qualified. For advice on your legal, taxation and estate planning position, HSBC Savings Bank encourages you to seek advice from a qualified professional.

D. In the event of complaint

Should you have cause to complain about any aspect of the service provided, in the first instance please contact your Personal Banking Officer. HSBC Savings Bank has a formal complaints handling process and you can be assured any complaint will be handled professionally and your concerns thoroughly investigated.

E. Agreement

Yes, We have had the opportunity to read and understand The Overview of the investment services offered by the Bank described above.

HSBC Advance Account Opening Form Joint Account

RISK PROFILING QUESTIONNAIRE (RPQ)

About this questionnaire: This questionnaire is the first of three sections and is designed to help you consider your attitude toward investment risk.

For New-to-Bank customers only

No I do not wish to complete this section of the RPQ at the moment. I understand that I will need to execute this section once I decide to invest in other investments aside from regular time deposits.

Section 1

Section 1 asks questions which provide some indication of the overall **general** attitude toward risk for a *typical* investor displaying your personal investment characteristics. It may not match your *actual* attitude toward investment risk, but it indicates the profile you fit into.

- | | |
|---|---|
| <p>1. Which age range do you fall into?</p> <ul style="list-style-type: none"> a. Above 75 or under 18 (1 point) b. Between 66 and 75 (2 points) c. Between 56 and 65 (3 points) d. Between 46 and 55 (4 points) e. Between 18 and 45 (5 points) <p>2. How many years of experience do you have with investment products the value of which can fluctuate (including 'buy and hold' and active trading)? Investment products the value of which can fluctuate could include, for example, stocks, unit trusts, foreign currencies, commodities, structured investment products, warrants, options, futures, investment-linked insurance plans.</p> <ul style="list-style-type: none"> a. No experience (1 point) b. Less than 3 years (2 points) c. Between 3 and 6 years (3 points) d. Between 7 and 10 years (4 points) e. Over 10 years (5 points) <p>3. Are you currently holding any of the below investment products?</p> <ul style="list-style-type: none"> a. Cash, deposits, certificate of deposits, capital protected products (1 point) b. Bonds, bond funds (2 points) c. Foreign currencies, non-capital protected currency linked structured products (3 points) d. Stocks, open-end funds excluding bond funds & money market funds, non-capital protected equity linked structured products, investment-linked insurance plan, commodities (4 points) e. Options, futures, warrants (5 points) <p><i>Note: The highest point answer will be taken for the calculation of score</i></p> <p>4. Approximately what percentage of your assets (excluding own use property) is currently held in investment products where the value can fluctuate? Please refer to Question 2 for example of such products.</p> <ul style="list-style-type: none"> a. 0% (1 point) b. Between >0% and 10% (2 points) c. Between >10% and 25% (3 points) d. Between >25% and 50% (4 points) e. Over 50% (5 points) | <p>5. Over a period of time the value of investments can rise and fall, this is called fluctuation. Generally, the higher the investment risk the higher the potential fluctuation but also the higher the potential returns. On the other hand, the lower the investment risk the lower the potential fluctuation but also the lower the potential returns. What level of fluctuation would you generally be comfortable with?</p> <p><i>(Note: You might be comfortable accepting a higher or lower level of fluctuation for the capital you have to invest now, but your answer should reflect the level of fluctuation you would in general be comfortable with)</i></p> <ul style="list-style-type: none"> a. Fluctuates between -5% and +5% (1 point) b. Fluctuates between -10% and +10% (2 points) c. Fluctuates between -15% and +15% (3 points) d. Fluctuates between -20% and +20% (4 points) e. Fluctuates between <-20% and >+20% (5 points) <p>6. Normally, what percentage of your monthly household income could be available for investment or savings?</p> <ul style="list-style-type: none"> a. 0% (1 point) b. Between >0% and 10% (2 points) c. Between >10% and 25% (3 points) d. Between >25% and 50% (4 points) e. Over 50% (5 points) <p>7. It is generally true that the longer the investment horizon, the higher the risk an investor can tolerate. What time horizon would you generally be comfortable with when investing in products the value of which can fluctuate? Please refer to Question 2 for examples of such products.</p> <ul style="list-style-type: none"> a. Less than 1 year (1 point) b. Between 1 and 3 years (2 points) c. Between 4 and 5 years (3 points) d. Between 6 and 10 years (4 points) e. Over 10 years (5 points) <p>8. How many months of your share of household expenses have you put aside to meet unforeseen events? (These assets should be easily accessible and capable of being liquidated without penalty.)</p> <ul style="list-style-type: none"> a. Have no amount set aside for unforeseen events* (1 point) b. Less than 3 months (2 points) c. Between 3 months and <6 months (3 points) d. Between 6 months and <9 months (4 points) e. Over 9 months (5 points) <p><i>* You should always consider setting aside an amount of accessible capital you believe sufficient to meet unforeseen events (say at least three months of your share of household expenses) before considering committing funds to investment or savings products.</i></p> |
|---|---|

General attitude to investment risk points score:

Question	1	2	3	4	5	6	7	8	Total Score
Score									



HSBC Advance Account Opening Form Joint Account

Section 2

Your Overall General Attitude toward Investment Risk

The following chart indicates the attitude toward investment risk that a typical investor is expected to have based on the overall scores determined from your responses to the questions

Score	Typical Attitude Toward Risk	Definition
11 or below	"SECURE"	Indicates that you are not happy to invest in any product where your capital is at risk. Returns are likely to be based on prevailing interest rates which may or may not keep pace with inflation. You are happy to hold life insurance policies which may not have a savings element but understand surrender will lead to you receiving less back than paid in premiums.
12-19	"CAUTIOUS"	Indicates that you are happy to accept: - A low level of investment risk in return for the potential to outperform deposits over the medium term (approx. 3 years) and protect your capital against inflation. - Capital values can fluctuate and may fall below your original investment. - Fluctuation is expected to be low, although this is not guaranteed.
20-28	"BALANCED"	Indicates that you are happy to accept: - A higher level of investment risk in return for increased potential to outperform deposits over the medium to long term (approx. 5 years) and protect your capital against inflation. - Capital values can fluctuate and may fall below your original investment. - A higher level of fluctuation than a "Cautious" investor.
29-35	"ADVENTUROUS"	Indicates that you are happy to accept: - A higher level of fluctuation than a "Balanced" investor. - A high level of investment risk and fluctuation over the short, medium and long term in returns substantially higher than inflation. - Capital values can fluctuate and may fall substantially below your original investment. - A higher level of fluctuation than a "Balanced" investor
36-40	"SPECULATIVE"	Indicates that you are happy to accept: - A very high level of investment risk and fluctuation over the short, medium and long term in return for the potential to earn very high returns. - Capital values can fluctuate and may fall substantially below your original investment. - A higher level of fluctuation than an "Adventurous" investor

Agreement

- YES Based on the answers you have provided, your score is (). Using the above definition, your general attitude toward investment risk is likely to be _____.
- NO If you disagree with this conclusion, please indicate your General Attitude Toward Investment Risk that you believe is more accurate (please tick the appropriate one). This will be the General Attitude Toward Investment Risk captured in the Bank's record.
- SECURE
 CAUTIOUS
 BALANCED
 ADVENTUROUS
 SPECULATIVE

Disclaimer

This questionnaire is provided by HSBC Savings Bank (Philippines) Inc. The results of this questionnaire are derived from information that you have provided to HSBC Savings Bank, and only serve as a reference for your consideration when making your own investment decisions. This questionnaire and the results are not an offer to sell or a solicitation for an offer to buy any financial products and services and they should not be considered as investment advice. HSBC Savings Bank accepts no responsibility or liability as to the accuracy or completeness of the information given. Personal information collected in this questionnaire will be kept confidential by HSBC Savings Bank. The information may be used by HSBC Savings Bank or any HSBC Group entity under a duty of confidentiality to HSBC Savings Bank, for designing and/or marketing of financial products and services.



REFERRAL FORM

Customer Number		Date (dd-mm-yyyy)	
Account Name			

HSBC SAVINGS BANK (PHILIPPINES) INC.

Gentlemen:

I understand that the following products and services are offered by the named institutions.

The Hongkong and Shanghai Banking Corporation Limited (HSBC)

- Fixed Income Instruments: _____ Structured Deposits
 Trust Services Others: _____

HSBC Insurance Brokers (Philippines) Inc. for any of the following insurance services:

- Education Retirement Family Protection
 Emergency Investment with Insurance Medical/Hospital Income/ Personal Accident

Amount Needed: _____ Annual Budget: _____

Asset Protection

- a) Home Floor Area : _____ Ownership: Owned Rented
 Address: _____
 Estimated Value: Building: _____ Content: _____
 b) Motor Vehicle Make: _____ Model: _____ Type: _____

For OFFSHORE/INTERNATIONAL SERVICES: _____

- International Banking Center _____ *Specify Country* HSBC Private Bank (Suisse) SA

Other Products and Services: _____

Please provide me information regarding the following products and services: _____

Please refer me to the above indicated entities to:

- Call me at _____
 Visit me at _____
 Email me brochures/marketing materials to _____

We authorise HSBC Savings Bank to provide my name and contact details and other relevant customer information to the institutions above.

Customer Signature over Printed Name



Customer Signature over Printed Name



Customer Signature over Printed Name



Customer Signature over Printed Name



Customer Initial

AGREEMENT TO TERMS AND CONDITIONS

We declare under penalty of perjury that the information indicated in the account opening form and the application forms for various products and services, including the Risk Profiling Questionnaire, contained in this document, is true and accurate of my own personal knowledge. I undertake to notify you of any change in information indicated herein.

We declare that we have read and understood, and agree to be bound by, the terms and conditions that govern the availment/enjoyment of the account/s, product/s and/or service/s that we have applied for. This serves as our agreement for HSBC Savings Bank (Philippines) Inc. (HSBC Savings Bank) to proceed with our application for the said products/services.

We acknowledge that the use of our account/s, service/s and/or product/s offered by HSBC Savings Bank are governed by and subject to the specific Terms and Conditions set by HSBC Savings Bank for such account/service/product and "An Easy Guide to Bank Services and Charge" (Easy Guide), copies of which we have received, read and understood and to which we agree to be bound. We agree that we shall not use any of the accounts/services/products offered without first having read and understood the specific Terms and Conditions and Easy Guide governing the same and that our use and/or availment of the benefits signify our understanding of and agreement to be bound by the applicable Terms and Conditions, and Easy Guide of the accounts/products/services.

We understand that if we indicated our email address in this Account Opening Form, a welcoming email will be sent to us within two (2) banking days once the account has been opened, which will include the Terms and Conditions (T&C) for HSBC Savings Bank's Products and Services (the "Terms and Conditions"), and an Easy Guide to Bank Services and Charges (the "Tariff Guide") for HSBC Advance. Otherwise, the T&Cs can be accessed at the Bank website of www.hsbcadvance.com.ph. We undertake to read the Terms and Conditions and we agree that by using, maintaining and availing the benefits of our present and any future account/s with HSBC Savings Bank, We will be deemed to have agreed to and accepted the Terms and Conditions and the Tariff Guide.

We hereby expressly, absolutely and unconditionally release and discharge HSBC Savings Bank, and undertake to, at all times, indemnify and keep HSBC Savings Bank free and harmless from any and all claims, liabilities, obligations, actions, proceedings, loss, damage, costs and expenses arising from or in connection with, directly or indirectly, HSBC Savings Bank's so acting upon these instructions, except in case of gross negligence on the part of HSBC Savings Bank.

Joint Account Mandate

On the death of either or (as the case may be) any of us, we authorize HSBC Savings Bank to hold any credit balance on any account or accounts in our joint names, and any securities, deeds, boxes and parcels and their contents, and property of any description held in our joint names to the order of the survivor or (if more than one) the survivors of us, without prejudice, however, to any rights HSBC Savings Bank may have in respect thereof arising out of any lien, mortgage, charge, pledge, set-off, counter-claim or otherwise whatsoever and also subject to compliance with the law, including the payment of taxes.

In the absence of any directions to the contrary, all accounts subsequently opened shall be operated and dealt with upon the terms set out above insofar as the same they may be applied.

We agree that HSBC Savings Bank may without prior notice combine or consolidate our account(s) with any liabilities to HSBC Savings Bank and set-off or transfer any sum(s) standing to the credit of any such account or any sum(s) owing to us from HSBC Savings Bank in or towards the satisfaction of our liabilities to HSBC Savings Bank on any other account or in any other respect whether such liabilities be actual or contingent, primary or collaterals and several or joint and that HSBC Savings Bank's rights hereunder shall not be affected by our death or the death of any one or more of us.

Pre-Approved Credit Line Availment (AssetLink Facility)

We hereby authorize the Bank to make inquiries and verifications relative to the statement given in our application which the Bank considers necessary. Further, we hereby agree that the application form and documents submitted become property of the Bank and will not be returned for whatever reason. We understand that the Bank reserves the right to withhold any information regarding the non-approval of the application. All costs relating to the processing of this loan application shall be for our account. We authorize the Bank to make disclosure of and/or share the information contained herein or in any documents/papers submitted in connection with such application with any credit/rating/investigation company or to such person it may deem necessary to confirm the veracity of the information contained herein or therein.

We agree that this application form and whatever document submitted in connection therewith become properties of HSBC Savings Bank. We further agree that HSBC Savings Bank has the right to withhold information on the non-approval of our application.

For Non-Residents

If we am, now or at any time subsequent to the opening of our Philippine currency account, a non-resident of the Philippines, We affirm and acknowledge that our Philippine currency account can only be funded by Philippine currency proceeds of foreign currency inwardly remitted to the Philippines, by foreign currency sold for Philippine currency and/or by proceeds from the conveyance of real or personal property owned by us located in the Philippines.

We agree that each time we make or cause to be made a deposit, transfer, or remittance of funds into our account, we are deemed to make the above representations and may be required by HSBC Savings Bank to present any of the following:

- 1.) Certificate of Inward Remittance, telegraphic transfer advise or other proof acceptable to HSBC Savings Bank that the funds deposited, transferred or remitted were sourced from an inward remittance of foreign currency; or
- 2.) Proof of conversion of foreign currency into Philippine currency; or
- 3.) Deed of conveyance or similar instrument, duly executed, evidencing the sale of real or personal property, and reflecting the amount of the consideration for the sale.

We affirm and acknowledge that HSBC Savings Bank may refuse to accept any deposit, transfer or remittance of funds into our account as a result of our failure to present the above described documents. We shall not hold HSBC Savings Bank liable for any loss, damage, and/or expense we may incur as a result of HSBC Savings Bank's refusal to accept the funds.

We further authorize HSBC Savings Bank to inform the Commission of Internal Revenue or equivalent officer of the government that as a non-resident we are exempt from tax on interest income from foreign currency deposits.




This is to authorize the Bank to inform the Bureau of Internal Revenue (BIR, the Philippines' tax authority) that the undersigned depositor is a non-resident of the Philippines and to disclose or submit such information as may be necessary to establish such non-resident status. Upon establishment of the non-resident status of the undersigned and the submission to the BIR by the Bank of the account name, account numbers and related details to which such non-resident status attaches, its foreign currency deposits maintained with the Bank should be exempted from Philippine withholding taxes.

AGREEMENT TO TERMS AND CONDITIONS

It is understood that the undersigned undertakes to provide or submit such documents or information as may be required by the BIR or the Bank to support its non-resident status and that this permission is executed as a pre-requisite to the entitlement of the undersigned to the withholding tax exemption privilege under existing tax rules.

JOINT ACCOUNTHOLDER 1

Please ensure that signature does not overlap the box provided.

SPECIMEN SIGNATURE 1		
SPECIMEN SIGNATURE 2		
SPECIMEN SIGNATURE 3		




JOINT ACCOUNTHOLDER 2

Please ensure that signature does not overlap the box provided.

SPECIMEN SIGNATURE 1		
SPECIMEN SIGNATURE 2		
SPECIMEN SIGNATURE 3		


JOINT ACCOUNTHOLDER 3

Please ensure that signature does not overlap the box provided.

SPECIMEN SIGNATURE 1		
SPECIMEN SIGNATURE 2		
SPECIMEN SIGNATURE 3		

JOINT ACCOUNTHOLDER 4

Please ensure that signature does not overlap the box provided.

SPECIMEN SIGNATURE 1		
SPECIMEN SIGNATURE 2		
SPECIMEN SIGNATURE 3		

HSBC Advance Account Opening Form Joint Account

FOR BANK USE ONLY

BRANCH to COMPLETE:

<input checked="" type="checkbox"/> Joint Account Package	Customer Number: _____
Joint Accountholder 1	Customer Number: _____
Joint Accountholder 2	Customer Number: _____
Joint Accountholder 3	Customer Number: _____
Joint Accountholder 4	Customer Number: _____

DEMAND DEPOSIT ACCOUNTS: <input type="checkbox"/> CUI _____ <i>ccy</i> <input type="checkbox"/> SSV _____ <i>ccy</i> <input type="checkbox"/> SSV _____ <i>ccy</i> <input type="checkbox"/> SSV _____ <i>ccy</i>	TERM DEPOSIT ACCOUNTS: <input type="checkbox"/> HDA _____ <i>ccy</i> <input type="checkbox"/> HDA _____ <i>ccy</i> <input type="checkbox"/> TMD _____ <i>ccy</i> <input type="checkbox"/> TMD _____ <i>ccy</i>
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ASSET ACCOUNTS: <input type="checkbox"/> ASSETLINK _____ <i>ccy</i> <input type="checkbox"/> HOME LOAN _____ <i>ccy</i> <input type="checkbox"/> HSBC Advance Credit Card _____ <i>ccy</i>	OTHER PRODUCT AND SERVICES: <input type="checkbox"/> Personal Internet Banking <input type="checkbox"/> PhoneBanking <input type="checkbox"/> SMS Banking – Txt Alerts <input type="checkbox"/> SMS Banking – HSBC CC <input type="checkbox"/> Investments <input type="checkbox"/> Referral to HSBC Insurance Brokers (Philippines) Inc. <input type="checkbox"/> Referral to HSBC Trust <input type="checkbox"/> Referral to International Banking Center (IBC) <input type="checkbox"/> Others: _____
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IDs PRESENTED: <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">TYPE</th> <th style="width: 25%;">DOCUMENT NUMBER</th> <th style="width: 25%;">ISSUANCE EXP DATE (dd-mm-yyyy)</th> <th style="width: 25%;">PLACE OF ISSUE</th> </tr> </thead> <tbody> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> <td style="border: 1px solid black; height: 20px;"></td> </tr> </tbody> </table>	TYPE	DOCUMENT NUMBER	ISSUANCE EXP DATE (dd-mm-yyyy)	PLACE OF ISSUE									Input and Checked by: C35: _____ NCCT/CRRT: _____ PEP Database: _____ OFAC/SDN: _____
TYPE	DOCUMENT NUMBER	ISSUANCE EXP DATE (dd-mm-yyyy)	PLACE OF ISSUE										

HSBC Advance Cards:			
Debit Card	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Account Number/s: _____
ATM Card	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Account Number/s: _____
Credit Card	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

Personal Banking Officer Name:	_____
Personal Banking Officer Signature:	_____
Date (dd-mm-yyyy):	_____

SDP-CAS to COMPLETE:	
World Check:	
Name of SDP-CAS Authorized Checker:	_____
Signature of SDP-CAS Authorized Checker:	_____
Date (dd-mm-yyyy):	_____

Authorized Branch Officer to COMPLETE:	
HFE/HUB Maintenance Checked and Approved by:	_____
Account Packet Checked by:	_____



Customer Initial

FOR BANK USE ONLY: INDIVIDUAL REVIEW

Customer Name														
Customer Number													Last Discussion Date (dd-mmm-yyyy)	
Discussion Date (dd-mmm-yyyy)												Last Discussion Date (dd-mmm-yyyy)		

Family COMMENTS You and spouse Children and parents Plans for family Children's education Own Education Retirement Other family events Inheritance						Savings, Loans and Investment COMMENTS Saving Habits Investment plans Loan repayment Emergency funds Remittance needs Currencies maintained Types of accounts held Bills payment Online needs Sending money abroad					
Residence COMMENTS Rental payment Mortgage payment Repairs Dream home Relocating Property investments Household bills Buying a house abroad						Health COMMENTS Coverage Hobbies Physician visits Dentist, optician Physiotherapy Private medicine Lifestyle Fitness (Gym / Yoga membership, etc.)					
Employment/Business COMMENTS Income and bonuses Income trend Job shifts Pension Other source of wealth Info about the business –product and services* – business partners* – customers and suppliers* New job, moving location, working abroad or your own business						Travel COMMENTS Holiday trips Trip of a lifetime Work relocation Overseas property Travelling year out Overseas work assignment International Relocation Overseas property Conduct business overseas Children studying overseas					

Expected Activity of Funds (In/Out)*	Accounts to be Opened*(Currency, Type)	Bank Services To Be Used*
		<input type="checkbox"/> Cash Withdrawal <input type="checkbox"/> Cash Deposit <input type="checkbox"/> Issuance of Cheques <input type="checkbox"/> Cheque Deposit <input type="checkbox"/> IRM <input type="checkbox"/> ORM <input type="checkbox"/> Others: pls specify _____ _____

*Mandatory KYC

Overall summary of needs, Prioritisation and Follow up action

Rank	Please Specify	Loans	Deposits	Insurance	Investments
<input type="checkbox"/>	Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	University/Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Family Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Emergency Funding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Dreams/Aspirations/Goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	Others (e.g. off-shore services)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HSBC Advance Account Opening Form - Joint Account

Issued by HSBC Savings Bank (Philippines) Inc
Member of the Philippine Deposit Insurance Corporation.
Maximum Deposit Insurance for Each Depositor P500,000.