

 Mail the completed form to: **GPO Box 5302, SYDNEY NSW 2001** **OR**  Fax to: Local **1300 765 150**  
International **+612 9762 9339**

**CUSTOMER DETAILS****CUSTOMER 1**

Customer number (9 digits)

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

Title Given name(s)

--	--

Surname

--

Country or region of birth (if not previously provided)

--

Nationality (if not previously provided)

--

Do you have multiple nationalities?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Nationality 2	
		Nationality 3	

**CUSTOMER 2**

Customer number (9 digits)

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Title Given name(s)

--	--

Surname

--

Country or region of birth (if not previously provided)

--

Nationality (if not previously provided)

--

Do you have multiple nationalities?

No <input type="checkbox"/>	Yes <input type="checkbox"/>	Nationality 2	
		Nationality 3	

**ACCOUNT DETAILS**

Primary source of funds

Salary credits ☐ Centrelink payments ☐ Student allowances ☐ Investment income ☐

Type of expected activity

TTs in/out ☐ Cash deposits ☐ Cash withdrawals ☐ Cheque credits ☐ Clearing cheques ☐ Transfers in/out ☐**CHANGE OF EMPLOYMENT DETAILS****CUSTOMER 1**

Occupation

--

Job title

--

Employer's name or nature of business (if self employed)

--

Employer's address

--

State Postcode

Country or region

--

Gross yearly income

\$

**CUSTOMER 2**

Occupation

--

Job title

--

Employer's name or nature of business (if self employed)

--

Employer's address

--

State Postcode

Country or region

--

Gross yearly income

\$

**NOTIFICATION OF TAX FILE NUMBER****CUSTOMER 1**

Tax File Number

--

**CUSTOMER 2**

Tax File Number

--

## CHANGE OF ADDRESS DETAILS

### CUSTOMER 1

**Current** residential address (cannot be a PO Box)

State	Postcode
Country or region	
Are you a resident of this country or region for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At this address since *	DD / MM / YY

**Permanent** residential address (complete only if different to your current residential address – cannot be a PO Box)

State	Postcode
Country or region	
Are you a resident of this country or region for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At this address since	DD / MM / YY

\* **Previous** address (complete if less than 3 years at your current/permanent residential address – cannot be a PO Box)

State	Postcode
Country or region	

**Postal** address (only if different to current residential address)

State	Postcode
Country or region	

### CUSTOMER 2

**Current** residential address (cannot be a PO Box)

State	Postcode
Country or region	
Are you a resident of this country or region for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At this address since *	DD / MM / YY

**Permanent** residential address (complete only if different to your current residential address – cannot be a PO Box)

State	Postcode
Country or region	
Are you a resident of this country or region for tax purposes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
At this address since	DD / MM / YY

\* **Previous** address (complete if less than 3 years at your current/permanent residential address – cannot be a PO Box)

State	Postcode
Country or region	

**Postal** address (only if different to current residential address)

State	Postcode
Country or region	

## CHANGE OF TELEPHONE NUMBERS

### CUSTOMER 1

Home phone number

Work phone number

Mobile phone number

### CUSTOMER 2

Home phone number

Work phone number

Mobile phone number

## CHANGE OF EMAIL ADDRESS

### CUSTOMER 1

Email address

### CUSTOMER 2

Email address

Mark this box if you would not like to receive promotional material via the above email address(es)

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## CHANGE OF COUNTRY/JURISDICTION OF RESIDENCE FOR TAX PURPOSES

### CUSTOMER 1

Amend residency to

Australia <input type="checkbox"/>	
Other <input type="checkbox"/>	Complete the CRS Self-Certification Form for use by Individuals (CRS-I) <a href="http://www.crs.hsbc.com/-/media/crs/pdfs/Australia/rbwm/crs-i_individual_self_cert_form-australia.pdf">www.crs.hsbc.com/-/media/crs/pdfs/Australia/rbwm/crs-i_individual_self_cert_form-australia.pdf</a>

### CUSTOMER 2

Amend residency to

Australia <input type="checkbox"/>	
Other <input type="checkbox"/>	Complete the CRS Self-Certification Form for use by Individuals (CRS-I) <a href="http://www.crs.hsbc.com/-/media/crs/pdfs/Australia/rbwm/crs-i_individual_self_cert_form-australia.pdf">www.crs.hsbc.com/-/media/crs/pdfs/Australia/rbwm/crs-i_individual_self_cert_form-australia.pdf</a>

Office Use Only

SV <input type="checkbox"/>	Checking officer name		Signature		Date	/	/
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## CHANGE OF NAME

New name

Other name (if provided you will need to provide evidence of your other name)

In order for us to process your request, please provide the following:

1. **Certified copies** of your change of name document. Acceptable documents include Marriage Certificate or Change of Name Certificate (issued by the Department of Births, Deaths & Marriages in Australia), Deed Poll Certificate, Certificate of Divorce, or foreign change of name documents (signed by its respective Governments or its accredited Government agencies)
2. **Certified copy** of primary photographic identification (e.g. drivers licence or passport) in your new or old name. When providing a Drivers Licence as an identification document, please ensure that an image of both the front and back of the licence is provided.

Documents can be certified at an HSBC branch by HSBC staff, or complete a **Customer Identification – Authorised Referee** form and have it certified by a Justice of Peace, Magistrate, Police Officer or Doctor. The form provides a full list of authorised referees and can be viewed online at [www.hsbc.com.au](http://www.hsbc.com.au)

I would like to change my name on the following card. I understand that my existing card will be deactivated once my new card is ordered:

Visa debit card number

## CHANGE OF CONTACT PREFERENCE

I would prefer the following forms of contact:

<input type="checkbox"/> Phone	Preferred time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Preferred phone number	
<input type="checkbox"/> Mail				
<input type="checkbox"/> Email		<input type="checkbox"/> Other		

## CHANGE OF STATEMENT CYCLE AND/OR DELIVERY METHOD

### CUSTOMER 1

Change statement cycle to

Monthly (email*) <input type="checkbox"/>	Quarterly (paper) <input type="checkbox"/>
Other <input type="checkbox"/> Specify	

\* Confirm email address

### CUSTOMER 2

Change statement cycle to

Monthly (email*) <input type="checkbox"/>	Quarterly (paper) <input type="checkbox"/>
Other <input type="checkbox"/> Specify	

\* Confirm email address

Mark this box if you would not like to receive promotional material via the above email address(es)

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By marking this box I/we consent to HSBC communicating electronically with me/us, including sending and receiving:  
(a) product disclosure statements, terms and conditions, financial services guides and other contractual documentation;  
(b) statements of my/our account; (c) notices and other documents from HSBC to me/us about my/our account(s)/product(s);  
(d) variations to the contract relating to my/our account(s)/product(s); and (e) notices from HSBC to me/us to my nominated email address and authorise HSBC to act on my/our electronic instructions. I/We confirm that I/we have read and agree to the Electronic Communication Consent and I/we am/are aware of the risks of sending and receiving information via email. You may choose to opt-out of HSBC communicating with you electronically by contacting us on 1300 308 008.

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## AUTHORISATION

### Customer 1 Signature

Date

Name

### Customer 2 Signature

Date

Name

Office Use Only

SV <input type="checkbox"/>	Checking officer name		Signature		Date	/	/
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