DEBIT CARD APPLICATION FORM



I / we wish to apply for a Debit Card:

	First Account Holder			Second Account Holder		
Surname (Mr/Mrs/Miss/Ms/Dr)						
Forname(s)						
Date of Birth	Day	Month	Year	Day	Month	Year
Present Residentia Address (Insert address of seco applicant as well, if different)			Post Code	City		Post Code
Mailing Address (If different from above	e)					
	City		Post Code	City		Post Code
First Account Holder Card Embossed Name						
Second Account Holder Card Embossed Name						
Additional Debit Card - Please, tick this box if you wish to order an additional card.						
I/we agree that: I/we have received, read, understood and agree to be bound by the Debit Card - Terms & Conditions of Use ("T&C") and shall use the debit card in accordance with the T&C. Shall be read and construed as one document. The debit card(s) and PIN(s) will be sent separately to my/our address on record (as stated above) OR if I/we have completed the "Mailing Address' box above then you should send it/them to the alternate address. The alternative address should be used on this occasion only/on all occasions (delete as applicable). When I call you to activate the debit card(s) and in any future telephone communications that I may be asked to answer one or more of the following ID verification questions which I have completed below: First Account Holder Second Account Holder						
My place of birth		count Holder		Second Acco	unt noidei	
Memorable place Password						
In the case of an account held in joint names, I/we confirm that each of us has authority alone to operate the account described above in accordance with the mandate given to you.						
	Signatur	re - First Account	Holder	Signature - S	econd Account	t Holder
Signature (s)						
Date						
For Bank Use	e Only:					
Card Product:	Visa D	Debit GBP	Visa Debit USD	Application Received	Date	
Sub Product:	L	S	V	Authorised Signature	9	
HBL Bank UK Registered Office: 9 Portman Street London W1H 6DZ United Kingdom						