



**SECURED CREDIT APPLICATION/AMENDMENT/CANCELLATION FORM
(Integrated Account)**

Note: Please complete in Block Letters and tick where applicable.

Date	day / month / year

Account Information	
Account Name	Account Number
Application Type <input type="checkbox"/> Application for Credit Facility <input type="checkbox"/> Integrated Current <input type="checkbox"/> Integrated Savings Ceiling Limit <input type="text" value="HKD"/> <i>(The ceiling limit will be set at HKD5,000,000 if not specified.)</i> Note: 1. The associated cash account / settlement account for Investment Services should be the same as the Integrated Account with secured credit. <input type="checkbox"/> Please also add the secured credit facility of the Investment Services Account(s) to the above account. 2. A security over the assets within the Integrated Account will be created under the Integrated Account Terms and Conditions to secure the Facility. <input type="checkbox"/> Request for Change of Secured Credit Facility <input type="checkbox"/> from Integrated Current to Integrated Savings <input type="checkbox"/> from Integrated Savings to Integrated Current Note: If Investment Services Account(s) has been set up in your Integrated Account, the associated cash account for Investment Services should also be changed to the above account. <input type="checkbox"/> Request for Revision of Credit Ceiling Limit New Credit Ceiling Limit <input type="text" value="HKD"/> Note: If Investment Services Account(s) has been set up in your Integrated Account, the corresponding credit ceiling limit will also be changed to the above credit ceiling limit. <input type="checkbox"/> Cancellation of Secured Credit Facility Granted on the above account Note: All facilities supported by the Secured Credit, if any, will also be cancelled.	

Relationship Declaration												
Are you and/or the joint applicant a ♦relative of any of the directors / ♦employees / ♦controllers / ♦minority shareholder controllers of The Hongkong and Shanghai Banking Corporation Limited (HSBC), its branches, subsidiaries or affiliates in Hong Kong or overseas (e.g., Hang Seng Bank), or other entities over which HSBC is able to exert control? <input type="checkbox"/> No, and I/we agree to notify the Bank promptly in writing if this information is no longer true and correct <input type="checkbox"/> Yes <i>(Please state the full name of your relative):</i> <table border="1" style="width:100%"> <tr> <td style="width:15%"><input type="checkbox"/> Principal/Sole Account Holder</td> <td style="width:55%">Full Name in English</td> <td style="width:30%">Relationship</td> </tr> <tr> <td><input type="checkbox"/> Joint Account Holder</td> <td>Full Name in English</td> <td>Relationship</td> </tr> </table> Are you and/or the joint applicant a director / employee / controller / minority shareholder controller of HSBC, its branches, subsidiaries or affiliates in Hong Kong or overseas, or other entities over which HSBC is able to exert control? <input type="checkbox"/> No, and I/we agree to notify the Bank promptly in writing if this information is no longer true and correct <input type="checkbox"/> Yes <i>(Please state your staff number):</i> <table border="1" style="width:100%"> <tr> <td style="width:45%"><input type="checkbox"/> Principal/Sole Account Holder</td> <td style="width:15%">Staff Number</td> <td style="width:10%; text-align:center"><input type="checkbox"/></td> <td style="width:15%"><input type="checkbox"/> Joint Account Holder</td> <td style="width:15%">Staff Number</td> </tr> </table> I/We confirm that I/we have obtained consent from the individuals listed above for the provision of their information to HSBC, its branches and its subsidiaries for the purpose of enabling HSBC to comply with the Banking Ordinance. I/We hereby authorise HSBC's branches and subsidiaries to disclose to HSBC information relating to the unsecured facilities granted by them to the above persons for the purpose of verifying the information provided by me/us. Note: ♦ You may request from the Bank the definitions of these terms and a list of the abovementioned entities.		<input type="checkbox"/> Principal/Sole Account Holder	Full Name in English	Relationship	<input type="checkbox"/> Joint Account Holder	Full Name in English	Relationship	<input type="checkbox"/> Principal/Sole Account Holder	Staff Number	<input type="checkbox"/>	<input type="checkbox"/> Joint Account Holder	Staff Number
<input type="checkbox"/> Principal/Sole Account Holder	Full Name in English	Relationship										
<input type="checkbox"/> Joint Account Holder	Full Name in English	Relationship										
<input type="checkbox"/> Principal/Sole Account Holder	Staff Number	<input type="checkbox"/>	<input type="checkbox"/> Joint Account Holder	Staff Number								

Declaration

Applicable to Secured Credit Application / Amendment Only:

1. I/We understand that the acceptance of this application and the credit limit granted shall be at the sole discretion of the Bank.
2. I/We understand that, if my/our application is approved, the Facility will be granted subject to the relevant provisions in the Integrated Account Terms and Conditions. I/We agree and confirm that the security over my/our personal assets created under such terms and conditions will secure the Facility in accordance with such terms and conditions.
3. I/We hereby consent to the Bank providing, to any person providing security for this facility (a Surety), a copy of the proposed facility agreement including full details of the security to be provided, a copy of any formal demand sent to me/us and, at the request of the Surety, a copy of the latest statement of account provided to me/us.
4. I/We have read and agree to the Integrated Account Terms and Conditions and Key Facts Statement for Overdraft Facility.
5. I/We understand that the Bank does not appoint any third parties to refer credit facility applications to it and hereby confirm that this application was not referred by a third party under beneficial arrangement.

<p>X Signature (Name: _____)</p>	<p>X Signature (Name: _____)</p>
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For Bank Use Only

Signature Verified	ID Checked Permanent Hong Kong Residents <input type="checkbox"/> Yes <input type="checkbox"/> *No	Remarks	
ICSM Score <input type="checkbox"/> A - E, Z or Blank <input type="checkbox"/> *F or G	Age of Customer <input type="checkbox"/> 18 - 70 <input type="checkbox"/> > *70		
CDS Checked Class O related to FCC / Compliance / KYC / CSEM / SCC, Class B or Class D <input type="checkbox"/> *Yes (Code: _____) <input type="checkbox"/> No	Relationship with Director/ Employee of the Bank <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Deviation Case (<i>*Please refer to eManual/CGPM for latest handling procedures.</i>)		Application Approved by	Branch Chop
<input type="checkbox"/> Ceiling Limit <input style="width: 150px;" type="text" value="HKD"/>		<i>Note: Submit this form via faxswitch 9135</i>	
<input type="checkbox"/> Debit Interest Rate Code <input style="width: 150px;" type="text"/>			
<input type="checkbox"/> Suppress Facility Letter = Y			
<input type="checkbox"/> Review Date <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> / <input style="width: 20px;" type="text"/> (day/month/year)			