

# Additional Services Form

 Date: \_\_\_\_\_  
 Branch: \_\_\_\_\_

Name \_\_\_\_\_

 Account Number:    -       -   

 Credit Card Number :     -     -     -    

Please provide me / us with the following information and consider this as an authority to debit my / our account for all related charges

Document Required (tick box)	
<input type="checkbox"/> Extra copy of current month's statement	
<input type="checkbox"/> Statement of account (Outside of the agreed cycle)	From _____ To _____
<input type="checkbox"/> Account Balance Certificate	Addressed To: _____
<input type="checkbox"/> Liability letter/ Facility balance certificate	<input type="checkbox"/> Liability Letter <input type="checkbox"/> Facility balance certificate

Service Required (tick box)	
<input type="checkbox"/> Change account statement frequency to:	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Half yearly <input type="checkbox"/> Annually
<input type="checkbox"/> Change statements	<input type="checkbox"/> to PDF <input type="checkbox"/> to Paper
<input type="checkbox"/> Deactivate Account / Card from the Benefit Pay App (within 3 working days).	Account number that requires deactivation _____ Card number that requires deactivation _____
<input type="checkbox"/> Open Banking consent revocation	Account number that requires consent revocation _____

 I am aware that fees and charges apply as per the Schedule of Services and Tariffs available at [www.hsbc.com.bh](http://www.hsbc.com.bh)
**Delivery Instructions:**


- Please hold for collection at branch
- Please mail it to the following address:

**Address:**
**Contact Details:**

Name: _____	Residence Tel No.: _____
P.O. Box: _____	Office Tel No.: _____
Country: _____	Mobile Tel No.: _____

I / We understand that the requested documents will be ready for collection in three working days from the above date. I / We further understand that my account will be debited for the related charges regardless of whether the documents are collected or not. Kindly note that the document/s will be destroyed if not collected by \_\_\_\_/\_\_\_\_/\_\_\_\_ (within 10 working days).

 Signature 
**For Bank Use Only**

          <b>Bank Authorised Signature and Stamp</b>		Signature verified _____
	Date captured _____	Authorized by _____