

## HSBC Premier Children's Savings Account

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

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

**HSBC PREMIER CHILD'S DETAILS:**

Name	C/O (Name of Parent / Guardian)		
Date of Birth		Passport / Birth Certificate No.	
Nationality		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female

**PARENT / GUARDIAN'S DETAILS:**

(Please fill name as per passport)

Parent / Guardian 1

Parent / Guardian 2

Parent / Guardian's Name		
Existing Premier Account Number	□□□ - □□□□□□ - □□□□	□□□ - □□□□□□ - □□□□
Passport Number / Issuing Authority		
Telephone Number: Office:	□□□ □ □□□□□□□□ <small>Country code    Area code            Number</small>	□□□ □ □□□□□□□□ <small>Country code    Area code            Number</small>
Residence:	□□□ □ □□□□□□□□ <small>Country code    Area code            Number</small>	□□□ □ □□□□□□□□ <small>Country code    Area code            Number</small>
Mobile:	□□□ □ □□ □□□□□□□□ <small>Country code    Area code            Number</small>	□□□ □ □□ □□□□□□□□ <small>Country code    Area code            Number</small>
E-mail Address		
Correspondence Address		

**ACCOUNT TYPE:**
 With Recognition Card                       With ATM Card (deposit only)                      **Currency**  LBP    USD    GBP    EUR

 Regulated Saving Plan (Please fill the Standing Instructions below to debit fixed amount periodically from parent / guardian's account to the credit of the Child's Savings Account).

 Effective Date: \_\_\_\_\_ Frequency:  Monthly                       Quarterly                       Others

Debit Account No. □□□ - □□□□□□□□ - □□□□                      Currency \_\_\_\_\_ Amount \_\_\_\_\_

**OTHERS:**

Source of funds for future deposits: \_\_\_\_\_

Expected pay-in per month/year: \_\_\_\_\_ Beneficial owner: \_\_\_\_\_

I agree that the information given above is true and complete and that I have received the Bank's General Terms and Conditions for the Operation of Accounts and Electronic Banking Services which I understand and expressly agree on behalf of my minor child to be bound by them whether set out in English and/or Arabic. I understand and agree that the above account in the name of my child will be operated by me until he/she reaches the age of maturity (18 years). In this respect, I acknowledge that in some instances I may be prevented from withdrawing funds from my Child's account in the absence of a court order. I agree that I will no more be able to perform any transactions on the account upon my child reaching the age of maturity unless relevant authorities are provided to use by my child. I/We do clearly waive my/our rights under Banking Secrecy law mentioned in article no. 2, law of 3 September 1956.

 Signing Instruction                       Jointly                       Either / or                       Others: \_\_\_\_\_

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 Name: \_\_\_\_\_  
(Parent / Guardian 1)

 Name: \_\_\_\_\_  
(Parent / Guardian 2)

<b>FOR BANK USE ONLY</b>	New A/C Number: _____	Authorised Signature: _____
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