

HSBC World Corporate Mastercard®

Cardholder Nomination Form

(first name)

To: The Hongkong and Shanghai Banking Corporation Limited Please issue a HSBC World Corporate MasterCard to our employee identified below with a credit limit of: We understand that you reserve the right to decline the issuance of the card to the employee without giving any reason and without entering into any correspondence. For processing, please complete the form in full and submit a photocopy of 1 valid ID. Valid Identification Documents must bear a photo and include the following information: Name, Date of Birth, Nationality. Additional documents may be required and documents required may change from time to time as prescribed by the bank. You understand and agree that the application is subject to the Bank's review and approval. To the Nominated Cardholder: Your data shall be processed in accordance with Annex "A" (Collection and Use of Customer Information) of the HSBC World Corporate Mastercard Cardholder's Agreement. You have the right to check whether we hold data about you and to access such data, to require us to correct any data relating to you which is inaccurate, to ascertain our policies and practices in relation to data and to be informed of the kind of data held by us. You may send requests for access to data or correction of data or for information regarding policies and practices and kinds of data held to the Data Protection Officer of HBAP at data.privacy.philippines@hsbc.com.ph. Company's particulars (Please complete in block letters) Company name to appear on card: (maximum of 19 characters) Telephone Number Office 1: (floor, bldg, no., bldg, name, street) Office 2: (city/municipality, country, zip code) Cardholder's particulars (Please complete in block letters) Mr. Mrs. Male Female Title: Ms. Gender: Full Name as shown in ID: (first name) (maiden name) (middle name) (surname) Cardholder name to appear on card: (max 19 characters) Present Residential Address: (no., street, subdivision) (city/municipality, country, zip code) Permanent Residential Address: (no., street, subdivision) (city/municipality, country, zip code) Email Address: Office Telephone Number: Mobile Number: ☐ Enroll in SMS Alerts Date of Birth (ddmmyyyy): Place of Birth: Nationality: TIN/GSIS/SSS No.: ID Type and Number: Source of Personal Funds e.g. Salary Job Title and Nature of Work: Mother's Complete Name: (first name) (maiden name) (middle name) (surname) Civil Status: Single Married Widow Separated Spouse's Complete Name:

(maiden name)

(middle name)

(surname)

| Consanguinity | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|----------------------------|-------------------------|
| | | | | |
| re you related to any staff or d | lirector of HSBC upto 4th degree of consanguinity? | Yes | ☐ No | |
| yes, please state the name of | the staff/director and how you are related: | | | |
| ame: | | Relationship: | | |
| Cardholder's declaratior | | | | |
| | | | | |
| • | n provided herein is true and correct. conditions of the Bank's HSBC World Corporate Mast | erCard Cardholder's Ad | greement, accept and agree | to be bound by them. |
| | rve the right to decline the issuance of the card to me | | - | · |
| ominated cardholder's signatu | ure: | Date (ddmmyyyy): | | |
| Ŭ | | (33337 | | |
| | | | | |
| | | | | |
| | | | | |
| Employer's declaration | | | | |
| | annest LICEC to increase a Comment Committee Committee to Committee Committe | | | |
| - | equest HSBC to issue a Corporate Credit Card to the Ca ne HSBC World Corporate MasterCard Cardholder's A | | | |
| | e Individual Card Account assigned to the Cardholder | | | |
| or and on behalf of: | | | | ("the Company/Employer" |
| | (Name of Company/Employer) | | | |
| | | | | |
| | | | | |
| | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| ame: | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| ame: esignation: ate (ddmmyyyy): | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| esignation: ate (ddmmyyyy): | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| esignation: ate (ddmmyyyy): | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| esignation: | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| esignation: ate (ddmmyyyy): | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| esignation: ate (ddmmyyyy): gnature | Authorized Signatory 1: | A | uthorized Signatory 2: | |
| esignation: ate (ddmmyyyy): gnature For HSBC's use only | Authorized Signatory 1: | | uthorized Signatory 2: | |
| esignation: ate (ddmmyyyy): gnature For HSBC's use only | | Employee | uthorized Signatory 2: | |
| esignation: ate (ddmmyyyy): gnature For HSBC's use only | Authorized Signatory 1: | | | |
| signation: te (ddmmyyyy): gnature for HSBC's use only nployer amber of Signatories: | | Employee | | |
| risignation: Inte (ddmmyyyy): Inte (ddmmyyyyy): Inte (ddmmyyyyyy): Inte (ddmmyyyyyy): Inte (ddmmyyyyyy): Inte (ddmmyyyyyy): Inte (ddmmyyyyyy): Inte (ddmmyyyyyy): Inte (ddmmyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyyy | | Employee Proof of Residence | | |
| signation: Ite (ddmmyyyy): Ignature For HSBC's use only Inployer Imber of Signatories: Istomer Number: Istomer Name: | | Employee Proof of Residence Customer Number: | | |
| esignation: ate (ddmmyyyy): gnature | | Employee Proof of Residence Customer Number: Customer Name: | | |

Note:
1. Requires PORA per Cardholder