



**Credit & Debit Card Cancellation Form**

Branch: .....

Date: DD/MM/YYYY

Bank A/c Number:        -              -       

Cardholder's Name: .....

Cardholder's Contact Number .....

Card to be cancelled  Primary  Supplementary

**Debit/Credit Card Number ( 1 ):**          -          -          -         

**Debit/Credit Card Number ( 2 ):**          -          -          -         

**Debit/Credit Card Number ( 3 ):**          -          -          -         

*Reason For Cancellation: (Only for Credit Card)*

Migrating If Migrating, please complete the following information:  
Country / New Address: .....

Country / New Address Numbers: .....

Has another HSBC Card Card Number: .....

Closing of HSBC A/C A/C Number: .....

Withdrawal of lien Lien A/C Number: .....

High rates/ charges  Annual Fees  Interest Rates  Others Charges

Unfavorable credit limit  Others (Please specify reason) .....  
(Please provide CMS Reference in the remarks)

Unattractive card benefits .....

Dissatisfied with service (Please explain) .....

Excess liabilities (DBR) .....

Supplementary Card .....

**Declaration:**

I confirm that the information given above is true, complete and I have read and accept the Bank's terms and conditions in the Cardholder Agreement.

.....  
**Cardholder Signature (Mandatory)**

.....  
**Signature Verified ( Mandatory)**  
Staff Name , Stamp & Signature

.....  
**Authorised Signatory**

Branch Use Only:

**Remarks:** .....

We confirm having destroyed the above plastic(s) on date DD/MM/YYYY

\*Outstanding balance must be settled in full by Branch.

Staff Name:..... Staff No.: .....