

**Bank Authorised Signature and Stamp** 

## 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) Extra copy of current month's statement Statement of account From Tο (Outside of the agreed cycle) Account Balance Certificate Addressed To: Liability letter/ Facility balance certificate Liability Letter Facility balance certificate Service Required (tick box) Monthly Quarterly Half yearly Change account statement frequency to: Annually to PDF to Paper Change statements Account number that requires deactivation Deactivate Account / Card from the Benefit Pay App (within 3 working days). Card number that requires deactivation 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 **Delivery Instructions:** Please hold for collection at branch Please mail it to the following address: **Contact Details:** Address: Name: Residence Tel No.: P.O. Box: Office Tel No.: Mobile Tel No.: Country: 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

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Signature verified

Date captured

Authorized by