Habib Bank AG Zurich

HBZ Visa Debit Card – Application Form
Fill in BLOCK letters and check ☑ where appropriate

Account Type

Personal ☐   **Business** ☐

Select only one account type. For cards related to additional account type please fill out a separate application form

Account Details

Account Title

Account Number

Branch

Signatory Details

Title   ☐ Mr   ☐ Mrs   ☐ Miss

Full name

Nationality

Residence

Mobile No   + | 4 | 4 | 7 |

International Mobile No   +

Email Address

Signatory Security Details

What is your date of birth? | D | D | | M | M | | Y | Y | Y | Y |

What is your mother's year of birth? | Y | Y | Y | Y |

Where is your favorite holiday destination?
(Kindly state country only)

What is your favorite season ?   ☐ Spring   ☐ Summer   ☐ Autumn   ☐ Winter

How many siblings do you have ?

What is your horoscope?   ☐ Aries   ☐ Leo   ☐ Sagittarius   ☐ Taurus   ☐ Virgo   ☐ Capricorn

☐ Gemini   ☐ Libra   ☐ Aquarius   ☐ Cancer   ☐ Scorpio   ☐ Pisces

Declaration

I /We hereby apply for a debit card issued by Habib Bank Zurich plc and confirm that the details provided in this application form are complete, accurate and correct.

I /We agree: (i) that I/We have received, read, understood and agree to be bound by the Debit Card Terms & Conditions ("T&C") and shall use the debit card in accordance with the T&C. This application form and the T&C shall be read and construed as one document; (ii) that the debit card and PIN will be sent separately to my/our address on record; (iii) that when I call you to activate the debit card and in any future telephone communications that I may be asked to answer one or more of the verification questions stated above; (iv) to the HBZ SMS Service whereby you may send me SMS text alerts to my mobile number stated above when any transaction is conducted using the debit card; (v) to receive One Time Password (OTP) on my email address and mobile number when conducting a transaction on internet whenever a Verified by Visa (VBV) authentication is required.

Authorised Signatory

Authorised Signatory

Authorised Signatory

Authorised Signatory

Date | D | D | M | M | 2 | 0 | Y | Y

Bank Internal Use Only

RM Name

Date | D | D | M | M | 2 | 0 | Y | Y

Signature

Verified by

Date | D | D | M | M | 2 | 0 | Y | Y

Signature