



dd / mm / yyyy

_____ Branch, Switzerland

ACCOUNT DETAIL

Account Number 01 - - - - - - - - - -

Account Title _____

Please check ☒ the appropriate box and fill in the information where applicable which will apply to the Account number and Account title specified above. These will apply to all accounts under the relationship.

- ☐ Debit card (Existing)
- ☐ Debit card (New)
- ☐ Card transaction dispute

The customer understands that the Bank shall not be held responsible for any erroneous transaction(s) arising out of incorrect, incomplete or illegible details provided by the Customer. I/We, agree to abide by all the Terms & Conditions associated with the account, product and/or service requested herein, by virtue of this form.

I/We, have read and agree to abide by the General Terms and Conditions of the Bank as applicable.

Applicant 1 *Applicant 2* *Applicant 3*

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Bank Representative's declaration:

I have verified the particulars of the Applicant(s) on the basis of his/her/their documents (copies attached) and I am satisfied with the identity of the Applicant(s) who was met in person.

Bank representative:

Name _____ Date dd / mm / yyyy Signature _____

BOM or designee:

Name _____ Date dd / mm / yyyy Signature _____

DEBIT CARD (Existing)Cardholder type ☐ Primary ☐ Supplementary

Debit card number (first 6 & last 4 digits)

First 6 Digit										Last 4 Digit					

Debit card title _____

☐ Card reactivation (for captured card only)☐ Card parameters☐ Activate card for Switzerland only.☐ Activate card for all the countries Disable card for all e-commerce transactions.☐ Activate card for selected countries _____☐ Activate card for e-commerce transactions for the amount up to card limit or up to amount CHF _____☐ Debit card limit enhancement CHF _____☐ Card replacement ☐ Lost card ☐ Captured card ☐ Other _____☐ Card cancellation☐ Update mobile number +

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 This number can receive debit card related alerts.
country code / area code☐ Other, specify details _____

I/We, request the Bank to enable my/our card for use in the above mentioned countries at my/our own risk and responsibility. In consideration of making my/our HBZ VISA card enabled/disabled as per the above mentioned request(s), I/We, indemnify and hold the Bank harmless against any unauthorized transaction(s) that may take place on my/our card and undertake not to lodge any claim(s) against the Bank for any reimbursement resulting from unauthorized debit(s) to my/our card account. I/We, further instruct the Bank, that the above request/indemnity is considered valid and will remain in use until I/We, revoke these instructions in writing and have been acknowledged by the Bank.

TERMS & CONDITIONS

1. I/We, hereby apply for the Debit Card offered by Habib Bank AG Zurich and confirm that the details provided in this application form are true and correct.
2. I/We, have read and fully understood the terms and conditions and their application to any services granted to me by Habib Bank AG Zurich.
3. I/We, agree to pay Bank's charges and accept any amendments which may be made by the Bank from time to time to those terms and conditions.
4. I/We, hereby consent that the information supplied relating to me, my account(s) with the Bank may be disclosed as may required by law court order or competent authority or agency under the provisions of applicable laws, usage and customs and/or otherwise to safeguard the interests of the Bank and that such disclosure may be transmitted electronically including by email.
5. I/We, hereby agree that the Bank may at its sole discretion at any time and without notice, combine or consolidate any of my/our account in the Bank in CHF or any other currency and set-off or transfer any funds available to settle the primary as well as the supplementary card outstanding and obligations to the Bank.
6. I/We, have read, understood, acknowledged and agree that the Bank may refer my name and/ or any personal data required to any credit bureau or reference agency/agencies and/or make such references and enquiries as the Bank may consider necessary.
7. I/We, hereby provide consent to Habib Bank AG Zurich for contacting any 3rd parties for obtaining information for due diligence under the Bank's internal / external regulatory requirements.

I/We, have read and agree to abide by the General Terms and Conditions of the Bank as applicable.

FOR OFFICE USE

signature _____

Verified by _____

Applicant 1 _____

Applicant 2 _____

Applicant 3 _____

DEBIT CARD (New)

Applicant Name _____

Is Primary card applicant subject to US Taxation? ☐ Yes ☐ No (eg. Resident, Citizen, Green Card, etc.)

Contact Details for Card delivery & One-Time Password (OTP)

Delivery Address _____

Mobile number +

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 (to receive OTP & SMS alerts)

country code / area code

Email address _____@_____

IMPORTANT (Applicable for Personal Debit cards)

- » Debit card(s) can be used for Cash withdrawal at HBZ CDM/ATM, point-of-sale (POS) merchant transactions, e-commerce (online) transactions, cash withdrawal from other bank ATMs within Switzerland switch upon activation.
- » Daily debit card limit for Platinum card is CHF 10,000 and the card is pre-enabled for use in Switzerland.
- » Daily debit card limit for Infinite card is CHF 100,000 and the card is pre-enabled for use globally.
- » To enable or disable any country for card usage or adjust daily cash/POS/e-commerce limits is possible via HBZweb and Mobile App for all card types.
- » Card use is restricted for certain merchants/countries under the Bank's policy.

TERMS & CONDITIONS

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2. I/We, have read and fully understood the terms and conditions and their application to any services granted to me by Habib Bank AG Zurich.
3. I/We, agree to pay Bank's charges and accept any amendments which may be made by the Bank from time to time to those terms and conditions.
4. I/We, hereby consent that the information supplied relating to me, my account(s) with the Bank may be disclosed as may required by law court order or competent authority or agency under the provisions of applicable laws, usage and customs and/or otherwise to safeguard the interests of the Bank and that such disclosure may be transmitted electronically including by email.
5. I/We, hereby agree that the Bank may at its sole discretion at any time and without notice, combine or consolidate any of my/our account in the Bank in CHF or any other currency and set-off or transfer any funds available to settle the primary as well as the supplementary card outstanding and obligations to the Bank.
6. I/We, have read, understood, acknowledged and agree that the Bank may refer my name and/ or any personal data required to any credit bureau or reference agency/agencies and/or make such references and enquiries as the Bank may consider necessary.
7. I/We, hereby provide consent to Habib Bank AG Zurich for contacting any 3rd parties for obtaining information for due diligence under the Bank's internal / external regulatory requirements.

I/We, have read and agree to abide by the General Terms and Conditions of the Bank as applicable.

FOR OFFICE USE

signature _____

Verified by _____

Applicant 1 _____

Applicant 2 _____

Applicant 3 _____

CARD TRANSACTION DISPUTE

Card number (First 6 & Last 4 Digit)

First 6 Digit						Last 4 Digit			

Cardholder name _____

#	TRANSACTION DATE	POSTING DATE	MERCHANT NAME	TRANSACTION AMOUNT	FOREIGN CURRENCY AMOUNT

- ☐ I/We, have not authorized or participated in transaction(s) stated above and the mentioned card is in my possession.
- ☐ I/We, have not authorized or participated in transaction(s) stated above and the mentioned card is not in my possession. The card was: ☐ Lost ☐ Captured ☐ Stolen ☐ Never Received
- ☐ I/We, was communicated by merchant to receive goods/services by dd / mm / yyyy for which I/We, was charged as above from the Merchant. (enclosed copy of correspondence with the merchant)
- ☐ The amount I/We, authorized is different to the amount debited to my account. I/We, enclose a copy of the sales voucher/invoice/ supporting documents showing the correct amount to be charged.
- ☐ My account has been charged _____ times. Only _____ of these transactions were authorized. I/We, enclose relevant document(s).
- ☐ I/We, paid the merchant with amount _____ but not for amount _____. My card was in possession when the disputed transaction took place. (enclosed copy of voucher/explanation)
- ☐ I/We, paid the merchant by _____, but this transaction was also debited from the card. I/We, have contacted or attempted to contact the merchant to resolve the dispute but the merchant refused to refund. I/We, enclose proof of payment e.g. cash receipt, copy of front and back of cheque, other card receipt, prepaid voucher (gift card).
- ☐ The merchant agreed to refund the account with amount _____, but no refund is received. I/We, enclose a copy of refund voucher or letter/email from the merchant confirming the refund.
- ☐ This is a recurring transaction which was cancelled on dd / mm / yyyy. (enclosed proof).
- ☐ I/We, have cancelled the transaction payment with the merchant, after the transaction took place. The date of cancellation was dd / mm / yyyy. I/We, enclose proof of cancellation.
- ☐ I/We, were charged for goods/services which were never received. (enclosed is copy correspondence with the merchant)
- ☐ I/We, returned the merchandise against the above charge and the refund was not received (enclosed is a copy of the postal / courier receipt of returned merchandise and my correspondence with the merchant)

FOR OFFICE USE

signature _____
Verified by _____

Applicant 1

Applicant 2

Applicant 3

ATM/CDM DISPUTE

- ☐ Transaction Date dd / mm / yyyy

☐ Transaction Time _____

☐ Transaction Amount _____

☐ ATM/CDM Location _____

☐ I/We, tried to withdraw cash from ATM/CDM, but no cash was dispensed.

☐ I/We, tried to withdraw _____ from ATM, but received only _____ from the ATM.

☐ I/We, deposited cash in ATM/CDM, the cash amount deposited was not credited in my account immediately.

☐ I/We, deposited cash in ATM/CDM, the cash amount deposited was only partially reflected in my account immediately.

☐ Other _____

DECLARATION

1. I/We, hereby affirm that the information provided above is true to the best of my knowledge.
2. I/We, agree to be charged by the Bank as per the Bank's Schedule of Charges, if the transaction is deemed to be valid.
3. I/We, understand that any dispute should be raised within 30 days of the statement date, otherwise the transaction will be considered invalid.
4. I/We, understand that the Bank might not be able to assist with the reported dispute unless all the required documents are enclosed with this form.
5. I/We, further understand that the submission of dispute form (even within the timeline) does not guarantee the refund.
6. I/We, fully understand that the completed dispute form along with the relevant / supporting documents should be submitted to the Bank or forwarded by email at csd@habibbank.com

I/We, have read and agree to abide by the General Terms and Conditions of the Bank as applicable.

Applicant 1

Applicant 2

Applicant 3

FOR OFFICE USE

signature _____

Verified by _____