



Please fill in the relevant information and email to [accounts@hcbtrust.net](mailto:accounts@hcbtrust.net). You may either send to HCB Trust Ek. för., Solna Strandväg 78, 171 54 Stockholm, Sweden or fax to +46 (0)8 5052-1010.

Account Information	
Will there be a co-applicant on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Saving Accounts</b>	
Type of Savings Account: <input type="checkbox"/> USD <input type="checkbox"/> GBP <input type="checkbox"/> EUR <input type="checkbox"/> CNY Other. (please state): _____	
Initial Deposit Amount: \$ _____	
<b>Source of Deposit:</b>	
<input type="checkbox"/> Transfer from a current account.	
<input type="checkbox"/> I will transfer funds from another institution.	
<input type="checkbox"/> I will mail a cheque/money order.	
<input type="checkbox"/> Other. (Please describe) _____	

Primary Applicant	
Full Name as in ID/Passport:	Member No.:
Passport No.:	Date of Birth:
Home Phone No.:	Email Address:
Mobile Phone No.:	Present Employer Name:
Home Address:	City: _____ Zip: _____
	County: _____

Co-Applicant	
Full Name as in ID/Passport:	Relationship to Primary Applicant:
Passport No.:	Date of Birth:
Home Phone No.:	Email Address:
Mobile Phone No.:	Present Employer Name:
Home Address:	City: _____ Zip: _____
	County: _____

**Additional Information**

How would you like to be contacted?

Home Phone

Mobile Phone

Email Address

Others: \_\_\_\_\_

*Special Instructions / Comments*

**Signatures**

Primary Applicant Signature

Date:

\_\_\_\_\_

Co-Applicant Signature

Date:

\_\_\_\_\_