

L

# **ADDITIONAL CARDHOLDER(S) FORM**

Before we can send you an additional Aussie Credit Card, please follow the steps listed below:

Step 1 – You and the additional cardholder must complete this form.

|--|

Step 3 – Return the Additional Cardholder form to Aussie Credit Cards, Reply Paid 79929, Locked Bag 2905, Collins Street West, VIC 8007

An additional cardholder fee of \$10 per annum is payable for each additional card on your account. Please review your Letter of Offer or call 1300 660 841 for details.

Additional cardholders must be over 16 years of age.

| A. Your details                                       |  |
|---|--|
| Your Account Name (exactly as it appears on the Card) | Your Aussie Credit Card Account Number |
| P. Other cardbolders on your account                  |  |

| Additional Cardholder One         |   |
|-----------------------------------|---|
| Surname                           | Given Name(s)   |
|                                   |   |
| Address (No PO Box Addresses)     |   |
|                                   |   |
| Home Phone                        | Work Phone  |
|                                   |   |
| Date of Birth (DD/MM/YYYY)        | J L<br>Security Code (for identification purposes – eg. a word meaningful to the Additional Cardholder. This word must be provided  |
|                                   | when seeking account information over the telephone).   |
| / /                               |   |
| Additional Cardholder's Signature |   |
| ×                                 | Date (DD/MM/YYYY)   |
| ^                                 |   |
| Additional Cardholder Two         |   |
| Surname                           | Given Name(s)   |
|                                   |   |
| Address (No PO Box Addresses)     |   |
|                                   |   |
| L                                 | Work Phone  |
|                                   |   |
|                                   | Security Code (subjective and successing the start Additional Control day This and successing the d   |
| Date of Birth (DD/MM/YYYY)        | Security Code (for identification purposes – eg. a word meaningful to the Additional Cardholder. This word must be provided when seeking account information over the telephone). |
| / /                               |   |
| Additional Cardholder's Signature |   |
|                                   | Date (DD/MM/YYYY)   |
| X                                 |   |
|                                   |   |

## C. Your card delivery details

If approved we'll mail the additional card(s) to the Primary Cardholder within 5 business days.

## D. Cancelling your additional card

As the primary cardholder, you can request to cancel an additional card by calling 1300 660 841. We'll only cancel the additional card when you have returned it to the address below or have taken all reasonable steps to return it.

## E. Your signature

I acknowledge that as the primary cardholder, I am responsible for all transactions made on this account by any additional cardholder(s). I also acknowledge that if my request for an additional cardholder(s) is approved, the additional cardholder will be sent his/her own Personal Identification Number (PIN) and will be able to access the credit card account electronically and also obtain information about the status of my account and transactions made on my account. I have read and understood this application and declaration. I acknowledge that all information provided in this application form is true and correct.

Primary Cardholder's Signature

Date (DD/MM/YYYY)

X





\*4070 117 A 01 15678 87

## Your Identity Document Requirements

You **MUST** present **ONE** primary identification document from the list and **ONE** additional identification document.

#### Does your primary document contain a photo?

- Yes Vou must also supply one additional document from **ANY** list
- No You must also supply one additional document which **MUST** be from the Secondary list

To verify your identity, the details in section A and B must **EXACTLY MATCH** your identification documents including full given name, no initials.

You **MUST** complete Identification Documents details in Section C below.

#### Primary Identification Documents

#### with Photo

- Australian Driver Licence or Learner Permit (current)
- Australian Passport (current or expired within the last 2 years)
- Proof of Age Card/NSW Photo Card (current and government issued)
  - State/Federal Government Employee/Defence Force Photo Identity
- Australian Tertiary Institution Student Card (current)
  - Australian Photo Firearms or Boat Operators Licence (current)

#### without Photo

- Birth Certificate (not an extract, government issued)
- Australian Citizenship Certificate
- Centrelink Pension Card (Health Care, Commonwealth Seniors Health, Pensioner or Interim Concession)

#### Secondary Identification Documents with Residential Address

- Utility Bill or Local Government Rates Notice (less than 3 months old)
- Tax Assessment Notice or Centrelink Benefits Statement (less than 12 months old)
- Under 18's letter from a School Principal (less than 3 months old)

#### **Other Identification Documents**

- Australian Bank Debit/Credit Card (current)
- Australian Bank Passbook (current)
- Medicare Card (current)

## How to lodge your Identity Verification Form at Australia Post

- 1. Complete this form and bring it with your original identification documents to any participating post office. To find the nearest participating outlet, please call 13 13 18 or go to auspost.com.au/pol and select Bank@Post<sup>\*</sup>.
- 2. DO NOT complete section D, your signature must be witnessed by the Australia Post verifier.
- 3. Identification documents MUST be presented and be original.

#### Please use **BLACK INK** Use black ink and print within the boxes in **BLOCK LETTERS**

| A. Details of App           | olicant              |              |          |          |        |         |        |                   |         |         |       |        |        |    |
|-----------------------------|----------------------|--------------|----------|----------|--------|---------|--------|-------------------|---------|---------|-------|--------|--------|----|
| Title eg (Mr, Mrs, etc)     | Family name/sur      | name         |          |          |        |         |        |                   |         |         |       |        |        |    |
|                             |                      |              |          |          |        |         |        |                   |         |         |       |        |        |    |
| Given name/s (full name no  | o initials)          |              |          |          |        |         |        |                   |         |         |       |        |        |    |
|                             |                      |              |          |          |        |         |        |                   |         |         |       |        |        |    |
| Date of birth               |                      | Contact pho  | ne numbe | r        |        |         |        |                   |         |         |       |        |        |    |
| D D M M                     | YYYY                 |              |          |          |        |         |        |                   |         |         |       |        |        |    |
| B. Current Reside           | ential Addres        | s of Appli   | icant (n | nust be  | an Au  | stralia | in res | iden <sup>.</sup> | tial ad | dress   | nota  | a PO B | lox)   |    |
| Unit number/street number   | er/street name (with | a gap betwe  | en numbe | rs and w | ords)  |         |        |                   |         |         |       |        |        |    |
|                             |                      |              |          |          |        |         |        |                   |         |         |       |        |        |    |
| Suburb/locality             |                      |              |          |          |        |         |        |                   |         | State   | 2     | Ρ      | ostcod | le |
|                             |                      |              |          |          |        |         |        |                   |         |         |       |        |        |    |
| C. Identification           | Documents P          | rovided (    | all docu | ments i  | nust b | e in th | ne cur | rent              | name    | e of th | е арр | licant | )      |    |
| Primary Identification docu | ument type (eg. Driv | ers Licence) |          |          |        |         |        |                   |         |         |       |        |        |    |
|                             |                      |              |          |          |        |         |        |                   |         |         |       |        |        |    |
| Additional Identification d | ocument (eg. Electri | city Bill)   |          |          |        |         |        |                   |         |         |       |        |        |    |
|                             |                      |              |          |          |        |         |        |                   |         |         |       |        |        |    |

Continued over page

## D. Declaration by Applicant

X

## DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST

#### Your signature must be witnessed by the Australia Post verifier.

I acknowledge that the information provided on this form and the identity documents provided are true and correct. The details on this form have been completed by me and not another person.

Disclaimer and Privacy Notice - Australia Post is acting as an agent for Australia New Zealand Banking Group Limited ABN 11 005 357 522 (ANZ) and collects your information to identify you in accordance with requirements under Australian Law. Your details will be forwarded to ANZ and may also be disclosed to government agencies such as AUSTRAC. Subject to certain exceptions you may request access to your personal information. If access is denied, the law says we must tell you why.

Aussie Credit Cards are provided under agreement by Australia New Zealand Banking Group Limited ABN 11 005 357 522.

| E. Australia Post use only   |                      |  |  |  |  |  |  |  |
|--|----------------------|--|--|--|--|--|--|--|
| I confirm that I have sighted original documentation that verifies the Applicant's name, date of birth and/or residential address as required. |                      |  |  |  |  |  |  |  |
|  | Verifier's signature |  |  |  |  |  |  |  |
| Verifier's name  |                      |  |  |  |  |  |  |  |
|  |                      |  |  |  |  |  |  |  |
| Comments   | Date                 |  |  |  |  |  |  |  |
|  | DD MM YYYY           |  |  |  |  |  |  |  |
|  | Work centre code     |  |  |  |  |  |  |  |
|  |                      |  |  |  |  |  |  |  |
|  |                      |  |  |  |  |  |  |  |

|                             | Applicant ic |
|-----------------------------|--------------|
| Please sign<br>in black ink |              |
|                             | Date         |

| ŀ | 4ppl | icant | to si | gn at | Austral | lia Post |  |
|---|------|-------|-------|-------|---------|----------|--|
|   |      |       |       |       |         |          |  |