

Additional Card Holder Application Form



Australian Unity Banking

Please use **BLOCK** letters and a black or blue pen to complete this Application Form.

Please make sure that all questions are answered. Please indicate using an 'X' where appropriate. If a section does not apply to you, please indicate using 'N/A'.

List both names where account is in joint names.

Step 1 Primary cardholder details

Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Customer no.	<input type="text"/>	Deposit no.	<input type="text"/>

I would like to add an additional cardholder to the following credit card:

<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Enter last 4 digits.	Expiry date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Additional Cardholder details

Current customer	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name	<input type="text"/>		
Title	<input checked="" type="checkbox"/> Mr <input checked="" type="checkbox"/> Mrs <input checked="" type="checkbox"/> Ms <input checked="" type="checkbox"/> Miss	Date of birth	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>		
Given name(s)	<input type="text"/>		
Residential address (not a PO Box)	<input type="text"/>		
Street name	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
Postcode	<input type="text"/>	Country (if not Australia)	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
Relationship to Primary cardholder	<input checked="" type="checkbox"/> Partner <input checked="" type="checkbox"/> Family <input checked="" type="checkbox"/> Other	<input type="text"/>	

Step 3 Terms and conditions

1. As primary cardholder:

- I confirm that the above credit card details belong to me.
- I wish to authorise the specified additional cardholder full access to funds within the limits the aforementioned card account.
- I accept full liability for all financial transactions carried out by the additional cardholder, who is not in any way liable for financial transactions carried out on my account.

2. I believe the above details to be true and correct. It is an offence under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 to give false and misleading information. I understand Australian Unity will collect personal information from me as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 and that it may take steps to verify the personal information it has collected.

3. I have read and agree to Australian Unity's Credit Cards Conditions of Use.

Primary cardholder signature

Name of customer

Date / /

Additional cardholder signature

Name of joint customer

Date / /

Office Use Only

Date received

Loaded by:

Signature details match Card issued



Please send your completed form to:

Australian Unity Bank
Reply Paid 1801, Melbourne VIC 3001
(no stamp required if mailed in Australia)

Contact us

Australian Unity
GPO Box 1801, Melbourne VIC 3001

australianunity.com.au
 bankingsupport@australianunity.com.au

1300 790 740