

ANZ credit cards and ANZ Everyday Visa Debit

Additional Cardholder(s) Application



1. ACCOUNT DETAILS

Account Name (exactly as it appears on your card)

Card Account Number (as shown on your card statement)

.....

2. ADDITIONAL CARDHOLDER DETAILS

Note: Additional Cardholders must be over 16 years of age. An Annual Fee and/or Rewards Program Services Fee may be payable for each additional card on your account. Please review your Letter of Offer/Welcome letter/Product Disclosure Statement or call 13 22 73 for details.

If Additional Cardholders do not have an existing ANZ account, they must complete ANZ's Customer Identification Process (required by Federal Legislation) at an ANZ branch before activating or using their card.

Additional Cardholder One

Title Surname First name Middle name

.....

Date of Birth (DD/MM/YYYY) Security Code (for identification purposes – eg. a word ... meaningful to the Additional Cardholder)

If you are applying for an additional cardholder for an ANZ Everyday Visa Debit, please select the card colour for your additional cardholder.

Additional Cardholder's Signature

Date (DD/MM/YYYY)

Blue Pink Black

Additional Cardholder Two

Title Surname First name Middle name

.....

Date of Birth (DD/MM/YYYY) Security Code (for identification purposes – eg. a word ... meaningful to the Additional Cardholder)

If you are applying for an additional cardholder for an ANZ Everyday Visa Debit, please select the card colour for your additional cardholder.

Additional Cardholder's Signature

Date (DD/MM/YYYY)

Blue Pink Black

3. CARD COLLECTION DETAILS

In the event ANZ cannot mail the Additional Card(s) to the Primary Cardholder, please nominate a branch where the Additional Cardholder(s) will collect the card(s). The Primary Cardholder will be advised by mail if Additional Card(s) need to be collected.

Suburb Street

.....

4. CANCELLING AN ADDITIONAL CARD

As the Primary Cardholder, you can request to cancel an Additional Card by calling 13 22 73 or visiting any ANZ branch.

ANZ will only cancel the Additional Card when you have returned it to ANZ or have taken all reasonable steps to return it to ANZ.

DECLARATION AND 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(s) will be sent his/her own Personal Identification Number (PIN), access the card account electronically and also obtain information about the status of my account and transactions made on my account.

I understand that if I choose to change my card product before this request is actioned then ANZ may apply this request to the new product type.

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)

Please deliver completed form to any ANZ branch, fax to Melbourne 1800 457 921 or mail (no stamp required) to:
REPLY PAID 65798, ANZ Consumer Finance, Locked Bag 10, Collins Street West, Melbourne VIC 8007