




# CREDIT LIMIT DECREASE APPLICATION



Please complete this form in black or blue pen using CAPITALS and tick appropriate boxes where applicable.

 Log onto ANZ Internet Banking. To view detailed instructions select 'Help' button located in the top right hand corner of the page.

 Call us on **1800 119 848** (international callers: +613 9683 7043) between 8am-8pm from Mon-Fri AEST.

 Return the completed form to any ANZ branch, or fax to 1800 461 638. Alternatively, mail (no stamp required) to:  
REPLY PAID 65798, ANZ Card Operations, Locked Bag 10, Collins Street West Post Office, Melbourne VIC 8007

## 1. APPLICANT DETAILS

Account Name (*exactly as it appears on the Credit Card*)

Credit Card Account Number

Date of Birth (DD/MM/YYYY)

Applicant's Home No.

Applicant's Work No.

Applicant's Mobile No.

## 2. NEW CREDIT LIMIT

Request: \$

Reason:

1. Your application is subject to ANZ credit assessment procedures. If you do not meet the criteria for the new credit limit amount requested, ANZ may determine a different credit limit increase amount.
2. The requested credit limit must not be less than the current balance on your account. Minimum credit limit is \$1000, or \$6000 for Platinum cards (including ANZ Rewards Travel Adventures) or \$15000 for any ANZ Rewards Black or ANZ Frequent Flyer Black Card.

## 3. DECLARATION AND SIGNATURE

By signing the space below I consent to the credit limit on my credit card account being changed to the requested limit or a lesser limit determined by ANZ. I confirm that I can repay this new credit limit without substantial hardship. I have read and understood this application and declaration. I acknowledge that all information provided in this application form is true and correct.

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.

Applicant's Signature

Date (DD/MM/YYYY)

.....