

# Card Request Form



**Police & Nurses Limited** ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
Level 7, 130 Stirling Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849  
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## MEMBER DETAILS

Member number \_\_\_\_\_  
Card number                  
Title \_\_\_\_\_ Surname \_\_\_\_\_ Given name/s \_\_\_\_\_  
Residential address \_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_  
Card required:  VISA Credit Card  VISA Debit Card  ATM Card

## NEW/REPLACEMENT CARD

I/We request that P&N Bank issue me/us with a:  new card  replacement card  
due to the old card/PIN being:  
 lost  damaged/faulty  change of name  stolen Police report no. \_\_\_\_\_  
I agree to abide by the terms and conditions of use applying to the requested card.

\_\_\_\_\_ Date \_\_\_\_\_  
Signature

## AUTHORITY

Please issue an additional card on my/our account in the name of the "Authority to Operate". I/We certify that the authority to operate has attained the age of 18 years. I/We acknowledge that the Authority to Operate will be issued with his/her own Personal Identification Number (PIN) and will have unrestricted access to my/our nominated account/s listed on the Authority to Operate form. I/We acknowledge that the Authority to Operate will have access to my/our account/s listed on the Authority to Operate form and cannot be withdrawn until such time as the card in the name of the Authority to Operate is delivered to P&N with my/our written request to terminate the authority of the Authority to Operate.

\_\_\_\_\_ Date \_\_\_\_\_  
Primary signature

\_\_\_\_\_ Date \_\_\_\_\_  
Secondary signature

### Authority to Operate (person for whom this card is intended)

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given name/s \_\_\_\_\_  
 \_\_\_\_\_ Date \_\_\_\_\_  
Authority to operate signature

## OFFICE USE ONLY

Card linked SV1 \_\_\_\_\_ SV2 \_\_\_\_\_ SV3 \_\_\_\_\_  
Loan fee:  standard  urgent  
Card ordered:  Yes Address details confirmed:  Yes  
Disclosure documents issued:  
 ATM Card PDS (including ATM Card Conditions of Use)  VISA Card Terms & Conditions  
Officer \_\_\_\_\_ Operator no. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_