

VISA Credit Card Additional Cardholder Request



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849
T 13 25 77 | F (08) 9219 7660 | W pnbank.com.au

IMPORTANT THINGS YOU SHOULD KNOW AS A PRIMARY CARD HOLDER

You may nominate Additional Cardholder(s) aged 16 or over, to be authorised by P&N Bank to operate on your Card account at no additional charge.

If the nominated Additional Cardholder(s) are not existing Member(s) of P&N Bank we will need to confirm their identity, and they will be required to become a Member of P&N Bank.

All transactions on your Card account authorised by the Additional Cardholder(s) will be treated as having been authorised by you. You will be responsible for these transactions.

ACCOUNT DETAILS

Account number _____ Primary Cardholder name _____

ADDITIONAL CARDHOLDER DETAILS

Member number (if applicable) _____

Title _____ Surname _____ Given name/s _____

Phone: Home _____ Work _____ Mobile _____

Email _____ Date of birth _____

Residential address _____ Suburb _____ State _____ Postcode _____

Postal address _____ Suburb _____ State _____ Postcode _____

PRIVACY STATEMENT AND CONSENT

You agree that personal information about you provided to us at any time in regard to a facility may be held and used by us to assess and process the application, execute your instructions, comply with legislative/regulatory requirements, and contact you if necessary to complete your application and advise you of other products/services that may be of interest to you (unless you ask us not to). When you give us personal information about another person you represent that you are authorised to do so and agree to inform the person who we are, that we will use and disclose the information for the relevant purpose set out above and that they can access the information we hold about them.

We are required by law to collect information to identify and verify you. Also, without your information, we may not be able to provide a facility.

You agree we may disclose personal information about you, as appropriate, to our related bodies corporate, agents, contractors and organisations for verifying your identity, your agents, law enforcement, regulatory and government bodies, payment systems operators, your and our insurers or prospective insurers and their underwriters, any person we consider necessary to execute your instructions. You may access information we hold about you at any time in accordance with the Privacy Act 1988 by calling 13 25 77.

DECLARATION

I/We confirm that I intend to use this card for personal purposes only and agree to the terms of the Privacy Statement and Consent above.

If I am the Primary Cardholder I request the Bank to issue to any Additional Cardholder named in this application the appropriate credit card to operate this account. I acknowledge that I am solely liable for all transactions including those conducted by the Additional Cardholder.

If I am an Additional Cardholder, I declare that I am aged 16 years or older and acknowledge that I may obtain a copy of the relevant Terms and Conditions governing the card from pnbank.com.au.

_____ Date _____
Primary cardholder's signature

_____ Date _____
Additional cardholder's signature

OFFICE USE ONLY

- | | | |
|--|---|--|
| <input type="checkbox"/> RIM loaded | <input type="checkbox"/> Account linked | <input type="checkbox"/> AMF/CTF Act identity verification |
| <input type="checkbox"/> VISA Terms & Conditions | <input type="checkbox"/> VISA PD | <input type="checkbox"/> VISA ordered _____ |