

I/We agree to be bound by the Conditions of Use now supplied to me/us and acknowledge that my/our signatures on this application form signifies acceptance of these Conditions of Use. If Conditions of Use have not been provided, please ask a staff member before signing this document. I/We agree to pay a Visa Card Fee and excess transaction fee as outlined in the Visa Brochure which is determined by the Credit Union from time to time.

Additional/Subsidiary Visa Card information &/ or Account holders consent and Acknowledgment

I/We wish to apply for an additional Visa Card to operate on my/our account for the person whose name and signature appears below as "Subsidiary Card Holder" (Please delete if not applicable). In accordance with Section 18N(1)(ga)Iii) of the Privacy Act 1988, I/We authorize the person to seek access from the Credit Union to any information concerning any of my/our accounts which may be operated by use of the additional VISA Card. I/We agree to indemnify the Credit Union against any loss, damage or penalty which it may incur arising out of the operation of this authority, provided that the Credit Union has acted within the terms of this authority. I/We declare that the Credit Union may act upon this authority until it has received my/our written instruction to the contrary.

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Please be advised that your Personal Identification Number (PIN) and an acknowledgement advice will be posted to you at your current mailing address. The Acknowledgement advice must be completed and returned to the Credit Union so that you can collect your Visa Card.

I/We declare that the information stated within this application is true and correct in every particular way and understand and agree to all conditions listed above.

I confirm that I am aware that a replacement card fee may be incurred.

_____ _____
Member Signature/s *Date*

Subsidiary Card Holder Signature

STAFF ONLY

Approval/Decline

Advised Offline Limit & confirmed Contact Details via phone Checklist attached

Have you issued: Terms & Conditions & Signed Privacy Statement issued Visa Card Information Brochure Fees & Charges

Interest Rates

Approved: Yes No _____ BM/SUP/MMS Date: ____/____/____

Note: Client 16-18 years Branch Manager approval only and Under 16 refer to MMS

Processing

Card Ordered If replacement: Old Card Closed Fee Charged (if Applicable)

 Staff Signature Op No. Br. Date