

Section 1 – Account card(s) to be linked to:		Type of Visa Application		
Account number	Account name	New <input type="checkbox"/>	Replacement <input type="checkbox"/> Damaged	Replacement with New Pin <input type="checkbox"/> Lost/Stolen/Fraud

Section 2 – New Cardholder Details			
	Primary Account Holder	Secondary Account Holder	Additional/Subsidiary Account Holder
Client Number			
Name on Card			
Second Line (if applicable)			
Employment: (Full Time/Part Time/ Casual/Self)			
Confirmed Contact Details	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>	Yes <input type="checkbox"/>
Is the Cardholder 18 Years or over	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

**WARNING :** *Visa Card and Pins are sent directly to the clients postal address. ID and Address must be confirmed. Visa Cards can only be ordered where account signing instructions are either signatory to sign.*

**Section 3 – Other information (N/A for Replacement Cards)**

Have you ever been declared Bankrupt? Yes  No

Have you ever had a court order made against you for non-payment of debt? Yes  No

If you answered yes to any of the above questions, please give details.

**Section 4 – Visa Card Declaration (N/A for Replacement Cards)**

I/We apply for a VISA Card(s) and Personal Identification Number (s) (PIN) to be issued to me/us to enable access to my/our account at authorized VISA merchants and electronic banking terminals such as Automatic Teller Machines (ATM's) and Point of Sale Terminals.

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 any excess transaction fees that may apply with some merchants/ATM's

**Section 5 – Additional/Subsidiary Visa Card information &/ or Accountholders Consent and Acknowledgement**

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 Bank 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 Bank against any loss, damage or penalty which it may incur arising out of the operation of this authority, provided that the Bank has acted within the terms of this authority. I/We declare that the Bank may act upon this authority until it has received my/our written instruction to the contrary.

I/We agree to be bound by the Conditions of Use now supplied to me/us and acknowledge that my/our signature on this application form signifies acceptance of these Conditions of Use. I/We agree to pay any applicable fees as per the Schedule of Fees & Charges.

Please be advised that your Personal Identification Number (PIN) and Visa Debit Card will be posted to you at your current mailing address. 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.

Signature of Primary Card Holder/Account Holder	Client Number	Date	Signature of Secondary Card Holder (Joint Account Holder)	Client Number	Date
Signature of Secondary Card Holder (Joint Account Holder)	Client Number	Date	Signature of Subsidiary Card Holder	Client Number	Date

Primary and all Joint account holders must sign to authorize any subsidiary cardholders to be added.

**Section 6 – Other products and Services**

I/we require:  Loan  Overdraft  Cheque facility  Internet Banking  
 I would like to speak to a Bank Officer about my finances  Other Savings and Investment products  Email Statements

**Section 7- Credit Union Staff Only - New and Replacements**

All replacement cards must be authorised by the primary account holder.

Reason for replacement – Lost  Damaged/ Cards where new PIN not required   
 Stolen  Card number 44XX XXXX XXXX \_\_\_\_  
 Fraud  Details of damaged card: \_\_\_\_\_

**Complete the following: FOR ALL CARDS**

	Yes	No	N/A
1. Issue Conditions of Use brochure	<input type="checkbox"/>		
2. Provide Schedule of Fees and Charges		<input type="checkbox"/>	
3. Advise Offline Limit	<input type="checkbox"/>		
4. If card malfunctioning have all checks been completed on the card before re-order	<input type="checkbox"/>		<input type="checkbox"/>
5. If stolen was the loss reported to the police? (If yes fee not applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Charge replacement card fee as applicable <u>or</u> place on fee exemption/reimbursement register on P Drive	<input type="checkbox"/>	<input type="checkbox"/>	
7. Where replacement card is an additional/subsidiary card, complete 5	<input type="checkbox"/>		<input type="checkbox"/>
8. Advise member if travelling internationally, Let the Bank know of whereabouts and dates (caution to be loaded)		<input type="checkbox"/>	
9. Advise member of internal fraud alerts procedure (proactive contact by staff members)	<input type="checkbox"/>		
10. Advise card will be posted out, activation via internet banking (preferred) or call number included with card	<input type="checkbox"/>		
11. Is member registered for internet banking	<input type="checkbox"/>	<input type="checkbox"/>	
12. Is member registered for online statements	<input type="checkbox"/>	<input type="checkbox"/>	
13. Have existing cards been closed off for the member	<input type="checkbox"/>		
14. Advise member to sign the card at activation and destroy their old card	<input type="checkbox"/>		

_____ / ____ / 20__
<b>Staff Signature Op No. Br. Date</b>

**Section 8- Credit Union Staff Only - Approval / Declined**

Approved:  Yes  No \_\_\_\_\_ Manager/BRO \_\_\_\_\_ Date

Bank of Heritage Isle is a division of Police Bank Ltd. ABN 95 087 650 799. AFSL/Australian Credit Licence No 240018. 25 Pelican Street, Surry Hills NSW 2010.