

Low Rate MasterCard Application Form

4.9% p.a. for the first six months*



Post or Fax completed Request Form to 1300 301 304.

PLEASE COMPLETE ALL SECTIONS OF THIS FORM IN CLEAR CAPITAL LETTERS.

FOR FASTER APPROVAL, INCLUDE TWO MOST RECENT PAYSLEIPS WITH YOUR REQUEST FORM

YES! I want to apply for a:

Gold Low Rate MasterCard (DK) 766 (Income \$35,000 p.a. or over required)

Silver Low Rate MasterCard (RW) 566 (Income \$20,000 p.a. or over required)

Before you complete this Application Form, please be sure you can say 'yes' to the initial approval criteria.

- I am at least 18 years of age
- I have a good credit rating
- I am a permanent Australian resident

Credit Union Name:

Credit Union BSB Number: -

Credit Union Member Number:

1. PLEASE TELL US ABOUT YOURSELF

Title First name
Middle name Surname

Home address (PO Box not acceptable)

Home address
Suburb/Town State Postcode
Home () Mobile ()

I consent to being kept informed about products, services and offers via email and/or SMS

E-mail address

Date of Birth / / 19 Driver's licence number

Mother's maiden name

Are you: Married Single Divorced/
Separated Widowed De facto

Number of dependants (including self)

Do you (please tick) Own home Rent Mortgage Board

Years at current residential address Years at previous address

Name and phone number of relative in Australia NOT living with you

Name

Relative's ()

2. ABOUT YOUR ACCOUNTS

Type of other credit card(s) held, e.g. Visa, MasterCard, American Express etc.

3. YOUR MONTHLY FINANCIAL POSITION

This information will be used to determine your ability to make repayments on this credit facility.

1. Show your Total Monthly Income (after tax) \$
Exclude selected Government benefits as source of income (apart from age and war pensions)

2. Show your Total Monthly Personal Expenses \$
Include rent/mortgage, loan repayments (car, credit cards, etc.), personal living expenses (food, electricity etc.), rates/body corporate and any other financial commitments.

3. Monthly Disposable Income = \$

7. BALANCE TRANSFER AUTHORISATION

Accounts to be transferred. I authorise Card Services to transfer the following amounts from my nominated account to my Credit Card Account in accordance with the Balance Transfer Terms and Conditions (over page).

Account name (e.g. Mrs A.B. Smith)	Type of card/account (e.g. Telstra Visa Card)	Card/Account number	Amount to be transferred (If within approved credit limit; min \$500)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
Name and address of issuing organisation <input type="text"/>			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> \$
Name and address of issuing organisation <input type="text"/>			
TOTAL AMOUNT TO BE TRANSFERRED			<input type="text"/> \$

INTERNAL USE ONLY

AGENT CODE:

SOURCE CODE: (Check one box)

SOURCE CODE: (Check one box)	Silver/Gold Standard
A. Existing Mortgage/ Loan members	8B5YYHK1 <input type="checkbox"/>
B. Existing Savings/Term Deposit/Transaction account members	8B6YYHK2 <input type="checkbox"/>
C. All other members	8BTYYHK1 <input type="checkbox"/>

4. PROFESSIONAL DETAILS

4a. All applicants must complete

Are you self employed? Yes No

Current employer/business name

Employer/business address

Suburb/Town State Postcode

Work ()

Years with current employer / Years self employed

Years with previous employer

Gross annual salary \$ Other annual income \$

Please attach evidence of other annual income (e.g. tax return, bank statement, dividend certificate if applicable).

Occupation

4b. Complete only if self employed

Name of accountant

Accountant's trading name

Accountant's ()

5. PLEASE SIGN HERE

By signing below you confirm that: (1) This credit facility will be for personal use (2) You are an Australian resident and are over 18 years of age (3) The information you have given in this application is truthful and complete (4) You have read and agree to the Terms and Conditions and the Privacy Consent on the back of this form (5) You authorise your employer/accountant to provide your income details to Card Services or its representatives for the purpose of assessing your application for a Card Services Credit Card account.

Signature Date / /
 X
PRINT NAME

If I have applied for a Gold Card, after processing this request, Card Services may instead offer me a Silver Card Account. I understand that my signature above constitutes my request for a Silver Card Account. **To assist with processing, please provide two most recent payslips, tax assessment or group certificate with your application.**

6. YOUR ADDITIONAL CARD (OPTIONAL)

You are confirming the identity of an Additional Signatory by including their name and date of birth here and signature in the signature box below:

First name Middle name

Surname

Home address

Suburb/Town State Postcode

Additional Cardholder's
Date of Birth

/ / 19

Signature of Additional Cardholder

X

Additional Cardholder must be at least 16 years of age. The Primary Cardholder is responsible for all debts incurred by the Additional Cardholder. The card may be cancelled at any time by phoning Card Services. This may not be effective until the Additional Card has been surrendered or Primary Cardholder has taken all reasonable steps to have the Additional Card returned to Card Services.

Please provide two most recent payslips or group certificate with your application



PLEASE FAX TO 1300 301 304
Fax this end first

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