

Visa Card Request

ABN 90 087 651 901 - AFSLN 244 168 - BSB 806 036

Member Number	<input type="text"/>	Account Number	<input type="text"/>
member name			
<input type="text"/>			
postal address			postcode
<input type="text"/>			<input type="text"/>

New Card Request

First Card or

Replacement Card (\$5 card replacement fee applies)

Lost
 Stolen
 Damaged
 Captured
 Name Change

Other

Card Holder - Name on Card (max 19 characters including spaces)

Unicredit recommends for security purposes you have your full name on your card eg. *John J Smith*

Please note the following:

- Your card will be forwarded to the above postal address
- The PIN number will arrive separately at the above address
- The **PIN number activation slip MUST be forwarded to a branch to activate the card.** (Mail, Fax or Personal delivery to a branch)
- **Only forward the slip once you have received both the card and the PIN**

I have received a copy of the *Information - Terms & Conditions Savings Accounts, Fixed Term Deposits and Account Access* and agree to conform to and be bound by the term and conditions and rules of the Society contained therein (as per the membership application form). **Privacy Policy** : By signing this form you acknowledge that you have received, and had the opportunity to read, our Privacy Policy Statement, which contains important information regarding our management of personal information. This brochure is available in your membership pack and on request.

signed date

Office Use Only

Form Taken By

Old Card Deleted (if necessary)

Address Checked

Keep Old Card Open YES NO
 (please circle)

Card without overdraft YES NO
 (New Applications Only)