



For any enquiries contact us on **1300 654 998** Mon to Fri 8am-8pm or Sat 9am-5pm (Melbourne time).  
 Mail to Members Equity Bank, Reply Paid 1345, Unsecured Lending, Melbourne, Victoria 8060.  
 Fax to (03) 9605 6604.  
 Visit [www.membersequitybank.com.au](http://www.membersequitybank.com.au)

## Section 1 - Primary cardholder details

Title (*Mr/Mrs/Miss/Ms/other*) Surname Given name(s)

Card number (*same as account number*)

Residential address (*P.O. Box addresses are not acceptable*)  
 State  Postcode

Home phone ( )

Work phone ( )

Mobile

## Section 2 - Additional cardholder details

Title (*Mr/Mrs/Miss/Ms/other*) Surname Given name(s)

Date of birth Name as you would prefer it to appear on the card (*maximum 21 characters*) e.g. JOHN M SMITH

Residential address (*P.O. Box addresses are not acceptable*)  
 State  Postcode

Password (*5 - 9 characters\**) Mother's maiden name

\*New Members Equity Bank customers - please nominate a password which we will request for identification purposes when you contact us.

Home phone ( )

Work phone ( )

Mobile

If you are not an existing Members Equity Bank customer we will need to verify your identity. We may do this electronically using reliable and independent data sources. We will contact you to request identification documents if we cannot verify your identity electronically.

## Section 3 - Primary cardholder declaration

By signing here:

- I declare that the information in this application is true and complete and I authorise Members Equity Bank to verify this information.
- I authorise Members Equity Bank to issue an additional card to the person named in this application as the additional cardholder.
- I understand that I am responsible for the use of the additional card and must pay for all transactions made by the additional cardholder, including any charges, until the additional card is returned to Members Equity Bank.
- I declare that the additional cardholder named in this application is aged 16 years or older.

Primary cardholder name Signature Date

## Section 4 - Additional cardholder declaration

By signing here:

- I agree to comply with the Members Equity Bank MasterCard Terms and Conditions and the Members Equity Bank Electronic Access Terms and Conditions.
- I understand that Members Equity Bank is collecting my personal information in order to verify my identity as required under the Anti-Money Laundering and Counter Terrorism Financing Act 2006, and for the purposes of enabling me to become an additional cardholder and begin using the additional card. I acknowledge that my personal information may be used and disclosed to third party service providers for these purposes and that without this information, Members Equity Bank may not be able to provide me with an additional card.
- I understand that I may request access to my personal information held by Members Equity Bank and ask for it to be corrected if it is inaccurate. To do this I should phone 1300 654 998 during normal business hours or write to the Privacy Officer, Members Equity Bank, GPO Box 1345, Melbourne, Victoria 3001.

Additional cardholder name Signature Date