

Additional Cardholder Request



Would you like an additional card for a family member or friend?

Step 1 - Primary cardholder to complete the "Additional Cardholder Request" section.

Step 2 - OPTIONAL Primary cardholder to complete the "Authority to Disclose and Maintain" section.

Complete this section if you would like us to be able to discuss your account details with your additional cardholder.

Sections 1 and 2 are to be returned by reply paid post to: CreditLine, Reply Paid 84854, Melbourne VIC 8060.

Step 3 - Additional cardholder to complete the ID Verification Form.

To verify their identity, your additional cardholder needs to complete the ID Verification Form and return both pages to any Australia Post that is a Bank@Post, along with the required ID documents.

To meet legal requirements, the additional cardholder must sign the form in the presence of an Australia Post employee.

Please note that your additional card will not be issued until steps 1 and 3 (optional step 2) above have been completed.

Section 1: Additional Cardholder Request

Primary cardholder's details (must be completed)

Title	First name
<input type="text"/>	<input type="text"/>
Surname	
<input type="text"/>	
My CreditLine account number is	
<input type="text"/>	

Additional cardholder's details

Title	First name	
<input type="text"/>	<input type="text"/>	
Surname		
<input type="text"/>		
Date of birth (DD/MM/YY)		
<input type="text"/>		
Relation to applicant:		
<input type="checkbox"/> Spouse/partner	<input type="checkbox"/> Relative/family	
<input type="checkbox"/> Dependant	<input type="checkbox"/> Friend	
Residential address (please no P.O. boxes)		
Unit	Street no.	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact telephone number		
<input type="text"/>		

Declaration

Primary cardholder

CreditLine is a credit facility provided by Latitude Finance Australia (ABN 42 008 583 588). I hereby apply to Latitude Finance Australia to add the person named on this form as an additional cardholder on my account.

I acknowledge that:

1. Each use of the additional card will be subject to the credit contract for my account;

2. I will be liable for any use of the additional card, and any breach of the credit contract by the additional cardholder;
3. The information provided in this application is true and correct and that no information which is or could be relevant to Latitude Finance Australia granting credit to me has been withheld;
4. I have provided the additional cardholder with a copy of the credit contract and other information received from Latitude Finance Australia relevant to his or her use of the account

Signature	Date
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>

Additional cardholder

CreditLine is a credit facility provided by Latitude Finance Australia (ABN 42 008 583 588). I hereby apply to Latitude Finance Australia to become an additional cardholder on the above account.

I am an Australian resident and at least the age of 16.

I agree that:

1. Each use of the additional card will be subject to the credit contract for the above account;
2. I will comply with the terms of the credit contract.

I acknowledge that: (i) the information provided in this application is true and correct and that no information which is or could be relevant to Latitude Finance Australia making me an additional cardholder has been withheld; and (ii) I have read and understood the Important Privacy Notice provided to the primary cardholder at the time of application.

3. I understand that Latitude Finance Australia collects and uses the information provided about me to facilitate this authorisation. Further information on how Latitude Finance Australia collects, uses, discloses and stores personal information including how I can access and seek correction of my personal information or complain about Latitude Finance Australia's handling of my personal information I can refer to Latitude Finance Australia's Privacy Policy available at www.latitudefinancial.com.au/privacy

Signature	Date
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>

If you would like your additional cardholder to have access to your account information and maintain your account, please also complete Section 2.

Section 2: Authority to disclose and maintain

(Please tick one of the options below)

- Authority to disclose information only** - Permits authorised person to obtain account information and arrange for payments only.
- Authority to disclose information and maintain my account** - Permits authorised person to: obtain account information, act on my behalf including to negotiate with Latitude Finance Australia and make legally binding decisions regarding the account, and undertake the additional activities listed in item 3.

In accordance with section 21T of the Privacy Act 1988, I authorise:

1. The person nominated on this form as an additional cardholder to request access to my personal information (including credit eligibility information) concerning my account; and
2. Latitude Finance Australia to act on such request and to, and if option 2 is ticked to receive from, the nominated person such information related to my account.

And if option 2 is ticked:

3. The person nominated on this form as an additional cardholder to maintain my account, including to:
 - a) Make a change of address and phone numbers;
 - b) Request the issue of a new card or activate a card on my account;
 - c) Request changes to special promotion details, if incorrect; and
 - d) Request fee/charge reversal, if the details are incorrect.

This authority remains in force until I cancel it. I understand that I may cancel this authority at any time by written notification to Latitude Finance Australia with the termination being effective from the date written notification is received by Latitude Finance Australia.

Signature (Primary cardholder)	Date
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>

Signature (Additional cardholder)	Date
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>

Password (Letters only)

Please ensure you inform your additional cardholder that they will be asked to provide information (including their details provided in Section 1 of this form and the password above) to enable us to confirm they are the person authorised to receive information relating to your account.

Identity Verification Form



*2956 901 02 4 Enter number from Section A

This form will be used to verify your identity.
Complete A and B before you lodge your form.

Please note this form may take up to 10 business days to be processed.

Your Identity Document Requirements

You **MUST** supply **ONE** primary document from the list.

Does your primary document contain **BOTH** a photo **AND** your current residential address?

Yes ➔ No additional identification is required.

No ➔ You must also supply one secondary document that contains your current residential address.

To verify your identity, the details in section A and B must **EXACTLY MATCH** your identification documents.

Primary Identification Documents

- Australian Driver Licence (current)
- Australian Learner Permit (current)
- Australian Passport (not expired more than 2 years)
- Foreign Passport (current only)
- Proof of Age Card/NSW Photo Card (current and government issued)
- Centrelink Pension Card (current)

Secondary Identification Documents

- Utility Bill or Council Rates Notice (less than 3 months old)
- Taxation Notice or Centrelink Statement (less than 12 months old)

How to lodge your Application

At Australia Post

1. Lodge your form at any participating post office.
To find the nearest participating outlet, please go to auspost.com.au/pol and select Bank@Post or call 13 13 18
2. Australia Post does not require you to complete Section C
3. **DO NOT** complete section D, your signature must be witnessed by the interviewer
4. Identification documents **MUST** be produced and be original and current

At Retail Partner

1. Lodge your form at a Retail Partner
2. Section C is to be completed by the Retail Partner
3. **DO NOT** complete section D, your signature must be witnessed by the interviewer.
4. Identification documents **MUST** be produced and be original and current

Continued over page

Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**

A. Details of Applicant (exactly as they appear on the Identification Documents)

Application/Account Number (Refer to your Financial Table or Statement. DO NOT ENTER CARD NUMBER)

Title Family/Surname

Given Name/s (full name no initials)

Date of Birth Contact Phone Number

B. Address of Applicant (must be an Australian address)

Unit Number/Street Number/Street Name

Suburb/Locality State Post Code

C. Proof of Identity (Complete this section ONLY if the form is lodged at a Retail Partner)

Primary Identification Documents - You MUST record ONE of the identification documents below

- Australian Driver Licence Australian Passport Proof of Age Card/NSW Photo Card
 Australian Learner Permit Foreign Passport Centrelink Pension Card

Document Number (include alpha characters and numbers) Expiry Date
State of Issue Country of Issue Issue Date

Secondary Identification Documents - If your primary document DOES NOT contain a photo or your address, you MUST record ONE of the identification documents below

- Utility Bill (less than 3 months old) Tax Assessment Notice (less than 12 months old)
 Rates Notice (less than 3 months old) Centrelink Benefit Notice (less than 12 months old)

Document Number (include alpha characters and numbers)
Issuer Issue Date

D. Declaration by Applicant

DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST OR RETAIL PARTNER

Your signature must be witnessed by an Australia Post officer (or Retail Partner) at the time of lodging this form.

I acknowledge that the information on this form is true and correct. The details on this form have been completed by me and not another person.

Please sign within the box and use black ink



Signature of Applicant

Date

E. Australia Post (or Retail Partner) use only (Important: Original Documents must be sighted)

I confirm that I have sighted original documentation that verifies the Applicant's name, date of birth, and residential address as set out on this form.

Post Officer's Name (or Retail Partner Employee's Name)

Post Officer's (or Retail Partner's) Signature

Date Work Centre (or Store) Code Employee Number (Australia Post to leave blank)

Comments