

### Card Type & Amount

A. Salary Packaging Card Primary Card  Additional Card  NCB # \_\_\_\_-\_\_\_\_  
 OR  
 B. Meal Entertainment Payment Card Primary Card  Additional Card  NCB # \_\_\_\_-\_\_\_\_

### Employer Details (Of the primary cardholder)

Employer: \_\_\_\_\_ Address: \_\_\_\_\_  
 Payroll ID: 

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#### If applying for an additional card

Primary Cardholder full name: \_\_\_\_\_

### Cardholder Details

Title: (please tick) Dr  Mr  Mrs  Miss  Ms  Other: \_\_\_\_\_

Given Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

DOB: 

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 Security Code (for identification purposes) \_\_\_\_\_

Phone No: 

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 Mobile: 

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Residential Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: 

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Postal Address: (if different from above) \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: 

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### Cardholder Authority

By use of the Card, I accept that I will be liable to ANZ for any credit extended arising out of the use of the Card and agree to all applicable terms and conditions including the ANZ Commercial Card Terms and Conditions and the ANZ Business One – Salary Packaging Card Cardholder Specific Terms and Conditions which can be viewed at <http://www.anz.com/aus/commercial/busonone/busonetc.asp>. I declare that the details contained on this registration form are true and correct and I have read and understood (and agree to) the privacy declaration below.

Signature: \_\_\_\_\_ Date: 

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### Privacy Declaration

Australia and New Zealand Banking Group Limited ABN 11 005 357 522 (ANZ) is collecting the Cardholders information in order to provide the Cardholder with the ANZ Commercial Card. Without this information, ANZ will not be able to provide the Cardholder with the card. By signing this Salary Packaging Card Registration Form, the Cardholder acknowledges and agrees that:

- (a) ANZ may also use this information and disclose this information for internal administration and operations; and
- (b) ANZ may also disclose this information to third parties, including but not limited to salary packaging service providers, for the purposes of the administration and operation of the ANZ Commercial Card. The Cardholder may request access to this information at any ANZ branch. Access will be granted in accordance with the Privacy Act (1988) for ANZ's usual fee. If any of the Cardholder's information is inaccurate, the Cardholder may request that it be corrected.

### Authorised Signatory and Verifying Officer (Internal Use)

I declare/confirm that I am an Authorised Signatory to this Facility and an Authorised Verifying Officer appointed in accordance with the Financial Transaction Reports Act (1988) in relation to the Facility and I certify that I have identified the Cardholder above and the details in this completed form have been given to enable ANZ to issue an ANZ Commercial Card to the above Cardholder and the above applicant is authorised to be a Cardholder to this account (by use of an ANZ Commercial Card).

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: 

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