credit card additional cardholder request.

Mail: **ME**, Account Origination, Reply Paid 1345, Melbourne VIC 8060
Fax: (03) 9708 4799
For any enquiries contact us on **13 15 63** or visit **mebank.com.au**

i've got one. section 1 – primary cardholder details.

Title (Mr/Mrs/Miss/Ms/other) | Given name(s) | Family name

Card number (same as account number)

Residential address (we can't accept PO Box addresses)

State | Postcode

Mobile | Home phone ( ) | Work phone ( )

i want one too. section 2 – additional cardholder details.

Title (Mr/Mrs/Miss/Ms/other) | Given name(s) | Family name

Date of birth D D M M Y Y Y Y

Residential address (we can't accept PO Box addresses)

State | Postcode

Email address | Password (5 – 9 characters)* | Mother's maiden name

*New **ME** customers – please nominate a password which we will request for identification purposes when you contact us.

Mobile | Home phone ( ) | Work phone ( )

If you are not an existing **ME** 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.

i swear! section 3 – primary cardholder declaration.

1. I declare that the information on this form is true and complete and I authorise **ME** to verify this information.
2. I authorise **ME** to issue an additional card to the lucky person I have so generously named as the additional cardholder.
3. I understand I am responsible for the additional card and must pay for all transactions, no matter how ridiculous, made by the lucky additional cardholder including any charges until the additional card is returned to **ME**.
4. I declare that the additional cardholder is aged 16 years or older.

Primary cardholder Print name | Signature | Date D D M M Y Y

i swear too!! section 4 – additional cardholder declaration.

1. I agree to comply with the Credit Card Terms and Conditions and the Electronic Access Terms and Conditions.
2. I understand that **ME** is collecting my personal information in order to verify my identity as required under the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (Cth), 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, **ME** may not be able to provide me with the additional card.
3. I understand that I may request access to my personal information held by **ME** and ask for it to be corrected if it is inaccurate or contains any boo-boos. To do this I should phone **13 15 63** during normal business hours or write to the Privacy Officer, **ME**, GPO Box 1345, Melbourne VIC 3001.

Additional cardholder Print name | Signature | Date D D M M Y Y

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