

About You (PLEASE PRINT IN BLOCK LETTERS)

Membership Number

Title Given Names Surname

Mailing Address

State Postcode

Contact Details Home phone Mobile

Work phone Email

Other Spenders (PLEASE PRINT IN BLOCK LETTERS)

Other Spender's Name

Name to appear on VISA Card

I acknowledge and accept that (tick as appropriate)

- SCU may refuse my request to issue an Additional Card
- The other spender will be free to use the Visa Card as they wish, subject to its Conditions of Use
- I will be liable for any debts under my Visa Overdraft contract incurred as a result of transactions carried out by the additional cardholder
- The Other Spender will not be liable for these debts or transactions and
- The terms and conditions of my Visa Overdraft contract remain in force.

The Financial Transaction Reports (FTR) Act 1988 requires SCU to obtain information on accounts and signatories to that account. This includes third party cardholder's where the account can be accessed by a card instrument.

Your Signature

X Date / /

Their Signataure

X Date / /

Office Use Only - Documents of Identity (100 Point Check)

1

2

3

4

Approving Officer Date & Time Received