

# CREDIT CARD ADDITIONAL CARDHOLDER REQUEST



BCU Bank is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
PO Box 1563, Coffs Harbour, NSW 2450 | T 1300 228 228 | W [bcu.com.au](http://bcu.com.au)

## IMPORTANT THINGS YOU SHOULD KNOW AS A PRIMARY CARD HOLDER

You may nominate Additional Cardholder(s) aged 16 or over, to be authorised by BCU Bank to operate on your Card account at no additional charge.

If the nominated Additional Cardholder(s) are not existing Member(s) of BCU Bank we will need to confirm their identity, and they will be required to become a Member of BCU Bank.

All transactions on your Card account authorised by the Additional Cardholder(s) will be treated as having been authorised by you. You will be responsible for these transactions.

## ACCOUNT DETAILS

Account number \_\_\_\_\_ Primary Cardholder name \_\_\_\_\_

## ADDITIONAL CARDHOLDER DETAILS

Member number (if applicable) \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given name/s \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_ Date of birth \_\_\_\_\_

Residential address \_\_\_\_\_

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

Postal address \_\_\_\_\_

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

## PRIVACY STATEMENT AND CONSENT

You agree that personal information about you provided to us at any time in regard to a facility may be held and used by us to assess and process the application, execute your instructions, comply with legislative/regulatory requirements, and contact you if necessary to complete your application and advise you of other products/services that may be of interest to you (unless you ask us not to). When you give us personal information about another person you represent that you are authorised to do so and agree to inform the person who we are, that we will use and disclose the information for the relevant purpose set out above and that they can access the information we hold about them.

We are required by law to collect information to identify and verify you. Also, without your information, we may not be able to provide a facility.

You agree we may disclose personal information about you, as appropriate, to our related bodies corporate, agents, contractors and organisations for verifying your identity, your agents, law enforcement, regulatory and government bodies, payment systems operators, your and our insurers or prospective insurers and their underwriters, any person we consider necessary to execute your instructions. You may access information we hold about you at any time in accordance with the Privacy Act 1988 by calling 1300 228 228.

## DECLARATION

I/We confirm that I intend to use this card for personal purposes only and agree to the terms of the Privacy Statement and Consent above.

If I am the Primary Cardholder I request the Bank to issue to any Additional Cardholder named in this application the appropriate credit card to operate this account. I acknowledge that I am solely liable for all transactions including those conducted by the Additional Cardholder.

If I am an Additional Cardholder, I declare that I am aged 16 years or older and acknowledge that I may obtain a copy of the relevant Terms and Conditions governing the card from [bcu.com.au](http://bcu.com.au).

Primary cardholder's signature

Name \_\_\_\_\_

Date \_\_\_\_\_

Additional cardholder's signature

Name \_\_\_\_\_

Date \_\_\_\_\_

## OFFICE USE ONLY

RIM loaded

Account linked

AMF/CTF Act identity verification

Credit card account access conditions

Credit card ordered \_\_\_\_\_