

VISA Debit Card Application

MEMBERSHIP NO.

PLEASE PRINT CLEARLY

Joint Account <input type="checkbox"/> Yes <input type="checkbox"/> No	
FIRST CARDHOLDER	SECOND CARDHOLDER
Mr Mrs Miss Ms Marital Status Single Married	Mr Mrs Miss Ms Marital Status Single Married
Surname	Surname
Given Names	Given Names
Telephone Wk () Hm ()	Telephone Wk () Hm ()
Email Address <i>(Please Circle)</i>	Email Address <i>(Please Circle)</i>
Owner/Buyer Renting Boarding	Owner/Buyer Renting Boarding
Residential Address <i>(Please Circle)</i>	Residential Address <i>(Please Circle)</i>
Postcode Years in Residence	Postcode Years in Residence
Owner/Buyer Renting Boarding	Owner/Buyer Renting Boarding
Previous Address if less than 3 years	Previous Address if less than 3 years
Postcode Years in Residence	Postcode Years in Residence
Postcode Years in Residence	Postcode Years in Residence
Postal Address	Postal Address
Postcode	Postcode
Drivers Licence No.	Drivers Licence No.
Expiry Date	Expiry Date
Date of Birth / / Age of Dependents	Date of Birth / / Age of Dependents
Name and Address of Nearest Relative Not Living With You	Name and Address of Nearest Relative Not Living With You
Name Current Address Telephone Relationship to you	Name Current Address Telephone Relationship to you
Employer's Details	Employer's Details
Name of Company Current Address	Name of Company Current Address
Position Held <i>(Please Circle)</i>	Position Held <i>(Please Circle)</i>
Permanent Casual Part-time Years in Service	Permanent Casual Part-time Years in Service
Occupation	Occupation
Type	Type
Previous Employer's Details (if less than 3 years)	Previous Employer's Details (if less than 3 years)
Name of Company Current Address	Name of Company Current Address
Position Held <i>(Please Circle)</i>	Position Held <i>(Please Circle)</i>
Permanent Casual Part-time Years in Service	Permanent Casual Part-time Years in Service
Receipt of Card/PIN	Receipt of Card/PIN
How would you like to receive your card? (please tick)	
<input type="checkbox"/> Please deliver my card/s by registered mail. Please note: The PIN will be sent by separate mail.	

I/We a request SGE Credit Union to deliver my PIN and card by separate mail whereupon I/we will complete and forward to SGE Credit Union the Acknowledgement Advice for PIN enabling activation of the VISA Card.
 Please Note: An additional cardholder must be the second named member on the account, or have the authority to operate and must be 18 years of age or over. I acknowledge that the additional card, when signed by the person to whom it is issued, shall be subject to the Conditions of Use of VISA Card and may be used on my VISA Card Account(s) as though it were my VISA and its use will bind me accordingly.
 I/we acknowledge the SGE Credit Union has informed me/us in accordance with s.18E(8)(c) of the Privacy Act, 1988, that certain items of personal information about me/us contained in this application and permitted to be kept on a credit information file might be disclosed to a credit reporting agency.
 I/we hereby apply for an SGE Credit Union VISA Card to operate from my Savings Account and agree to abide by the Condition of Use. I/We acknowledge that subject to acceptance, the Board of Credit Union reserves the right to charge a card fee as may be determined from time to time. I/we declare that the information stated within the application is true and correct in every particular and I/we authorised the Credit Union to make any relevant enquires in relation to this application and acknowledge that I/we am/are subject to all liabilities and restrictions imposed by the Rules of the Credit Union.

Signature _____ Date / /
(First Cardholder)

Signature _____ Date / /
(Second Cardholder)