



## Visa Credit Card Additional Card Holder Request Form

## As at 1 March 2022

1. Please t	tell us about ye	ourself				
Title:	Given Names:					
Surname:			Meml	Member No:		
Comment Address						
Current Address:						
			9	State:	Postcode:	
0 4 1 1111						
2. Addition	nal Cardholder					
I wish to apply for an additional card in the following name. The Additional Cardholder is over 18 years old.						
Title:	Given Names:					
Surname:			Meml	oer No:		
Date of Birth:		Cianatura		Data		
Date of Birtin.		Signature:		Date		
Diagon note if the	Additional Cardhalder is	NOT a mambar ar aignatary to	a anathar agail	t we will se	into at them to	
Please note if the Additional Cardholder is NOT a member or signatory to another account, we will contact them to complete the necessary Identification Reference checks, prior to the card being issued.						
Acknowledgement						
		additional cardholders use of the distribution and transactions made by the ad				
		ring you will cancel a card issue				
		al card, nor a stop on my accou			-	
		de by the additional cardholder htil I have taken all reasonable s				
you. I agree and au	thorise the additional ca	rdholder with access to informa	ition about the ac	count includ		
balances and state Signature:	ment details and will per	mit the additional cardholder to	transact on the a	iccount.		





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