ANZ CONSUMER CREDIT CARDS CREDIT LIMIT DECREASE APPLICATION



CREDIT	CAPD	ACCOUNT	DETAILS

Account Number	Account Name
Date of Birth (DD/MM/YYYY) Contact Number	Email Address
NEW CREDIT LIMIT	
Daniel Š	
Request: \$ Reason:	
 Your application is subject to ANZ credit assessment procedures. If you do r determine a different credit limit increase amount. 	not meet the criteria for the new credit limit amount requested, ANZ may
2. The requested credit limit must not be less than the current balance on you	
ANZ Rewards and ANZ Frequent Flyer, \$6,000 for ANZ Platinum, ANZ Rewar and \$15,000 for ANZ Rewards Black and ANZ Frequent Flyer Black.	ds Platinum, ANZ Rewards Travel Adventures and ANZ Frequent Flyer Platinum
and the first terminal place and the first terminal states	
DECLARATION AND SIGNATURE	
By signing below, I consent to the credit limit on my Credit Card Account I	pains changed to the requested limit or a lesser limit determined by AN7
I confirm that I can repay this new credit limit without substantial hardship	
I acknowledge that all information provided in this application form is true	e and correct.
I understand that if I choose to change my card product before this request i	s actioned then ANZ may apply this request to the new product type.
Authorised Signatory Given Name(s)	Authorised Signatory Surname
Authorised Signatory Given Name(s) Authorised Signatory Signature	Authorised Signatory Surname Date (DD/MM/YYYY)
Authorised Signatory Signature	Date (DD/MM/YYYY)
Authorised Signatory Signature Email the form to CardsMaintenance@anz.com Alternatively, you can decrease your credit limit using one of the following opt Return completed form (no stamp required) to:	Date (DD/MM/YYYY)
Authorised Signatory Signature Email the form to CardsMaintenance@anz.com Alternatively, you can decrease your credit limit using one of the following opt Return completed form (no stamp required) to: REPLY PAID 65798	Date (DD/MM/YYYY)
Authorised Signatory Signature Email the form to CardsMaintenance@anz.com Alternatively, you can decrease your credit limit using one of the following opt Return completed form (no stamp required) to: REPLY PAID 65798 ANZ Consumer Cards Locked Bag 10, Collins Street West	Date (DD/MM/YYYY)
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Authorised Signatory Signature Email the form to CardsMaintenance@anz.com Alternatively, you can decrease your credit limit using one of the following opt Return completed form (no stamp required) to: REPLY PAID 65798 ANZ Consumer Cards Locked Bag 10, Collins Street West Melbourne VIC 8007	Date (DD/MM/YYYY) L L L L L L L L L L L L L L L L L
Authorised Signatory Signature Email the form to CardsMaintenance@anz.com Alternatively, you can decrease your credit limit using one of the following opt Return completed form (no stamp required) to: REPLY PAID 65798 ANZ Consumer Cards Locked Bag 10, Collins Street West Melbourne VIC 8007	Date (DD/MM/YYYY) L L L L L L L L L L L L L L L L L