



Application for Account Reinstatement

Please complete this form in black or blue pen using CAPITALS and tick appropriate boxes where applicable.

1. Applicant Details

Account Name (exactly as it appears on the Credit Card)

Credit Card Account Number

Date of Birth (DD/MM/YYYY)

Applicant's Home No.

Applicant's Work No.

Applicant's Mobile No.

2. Employment Details (ANZ may verify your employment details and income with your employer or accountant.)

Employment status

- Full-time
- Part-time/Casual
- Pension
- Self-employed
- Not working

Your Occupation

Employer's Name/Accountant's Name (If self employed, give details of your accountant who can confirm your financial details.)

Employer's/Accountant's Phone No.

Time in Current Employment

 Yrs Mths

3. Residential Status

- Home owned
- Mortgage
- Renting
- Living with parents/relatives

4. Financial Details

Non disclosure may result in your application being delayed.

Assets – what you own

Value of Property

Balance of Savings/Deposit Accounts (including ANZ)

Total Other Assets (motor vehicles, shares etc)

Liabilities – what you owe

Mortgage – Amount Owning

Your share of Monthly Repayments

Other Loan/Facilities – Total Borrowings

Total Amount Owning

Your share of Monthly Repayments

Credit Cards – Total Limits (including ANZ)

Total Amount Owning

Your share of Monthly Repayments

Salary/Income

Monthly Salary After Tax

Other Monthly Income After Tax (rent, dividends, interest)

Expenses

Your share of Monthly Rent/Board (exclude mortgage)

Your share of Monthly General Living Expenses (eg. bills, transport)

Number of dependents

5. Declaration and Signature

By signing the space below I consent to my credit card account being reinstated to the current limit or a lesser limit determined by ANZ. I confirm that I can repay this credit limit without substantial hardship. I understand that my application is subject to ANZ credit assessment procedures. I have read and understood this application and declaration. I acknowledge that all information provided in this application form is true and correct. I understand and authorise that ANZ may also disclose information about me to credit reference agencies for the purpose of obtaining a credit report on me. Those credit reference agencies may retain that information and provide it to their customers who use their credit reporting services.

Applicant's Signature

Date (DD/MM/YYYY)

Please deliver completed form to any ANZ branch, fax to Melbourne 1800 461 638 or mail (no stamp required) to: REPLY PAID 65798, ANZ Card Operations, Locked Bag 10, Collins Street West Post Office, Melbourne VIC 8007