



# ANZ Credit Card Application Form

## Please choose your preferred card

ANZ Black     ANZ Platinum     ANZ Gold     ANZ Classic     ANZ Femme     ANZ KC

Please complete the application below using capital letters.

Correspondence Address     Home     Office

## PERSONAL

KTP/Passport no.

Full name as shown on KTP/Passport

Name to be embossed on card (max. 19 characters)

Date of birth (DD/MM/YY)

Place of birth

Sex     Male<sup>1</sup>     Female<sup>0</sup>

Nick name

Mother's maiden name (mandatory)

Current home address

RT

RW

City

Postal code

Cellular phone (mandatory)

Home phone (mandatory)

Residential status     Personally owned<sup>1</sup>     Family owned<sup>2</sup>     Rent<sup>3</sup>     Loan<sup>4</sup>     Company owned<sup>5</sup>     Boarding<sup>6</sup>

Length of residence     year     month

Marital status     Married<sup>1</sup>     Single<sup>2</sup>    Dependents

Education     Elementary/Junior High School<sup>1</sup>     High School<sup>2</sup>     Diploma<sup>3</sup>     University<sup>4</sup>

Tax ID (NPWP / Nomor Pokok Wajib Pajak)

E-mail address (max. 40 characters)

(mandatory)

## OCCUPATION

Employment status     Employee<sup>1</sup>     Business Owner<sup>5</sup>     Professional<sup>P</sup>

Name of Company (mandatory)

Company address

City

Postal code

Telephone<sup>1</sup>

Telephone<sup>2</sup>

Facsimile

Nature of business

Department

Position

Name of supervisor

Length of employment

years     month

Basic income per year

Additional income per year



## MY OTHER EXISTING CREDIT CARD

Other Card  -  -  -

Other Card  -  -  -

## EMERGENCY CONTACT INFORMATION

Family member to be contacted in case of emergency , does not reside in the same house (mandatory)

Relationship with applicant (mandatory)

Address



City

Postal code

Home phone (mandatory)

 - 

Cellular phone (mandatory)

 - 

Office phone (mandatory)

 - 

## PRODUCT INFORMATION (mandatory)

As ANZ Cardholders, you are free to choose not to be sent services and product information other than internal communications inserted in your monthly billing statement. Please tick ✓ in the box below :

Yes, Please send me PT ANZ Panin Bank product information **only**     No, Do not send me any product information

## SUPPLEMENT CARD REQUEST

Full name of supplement Cardholder as shown on KTP/Passport

Name to be embossed on card (max. 19 characters)

Date of birth (DD/MM/YY)

Place of birth

Gender

Male<sup>1</sup>

Female<sup>2</sup>

Mother's maiden name (mandatory)

Relationship with Basic Cardholder

## TRANSFER BALANCE INSTALMENT FACILITY

Yes, I choose Transfer Balance Installment (please choose one)     0% (3-Months instalment)     1,9% (6-Months instalment)

I, the undersigned, hereby give the authorization to PT ANZ Panin Bank to transfer the credit card payment under my name to :

Credit card no.

 -  -  - 

Balance to be transferred (min. IDR 300,000)

Rp

Credit card no.

 -  -  - 

Balance to be transferred (min. IDR 300,000)

Rp

## ANZ GUARD INSURANCE

ANZ Guard insurance is an insurance protection issued by PT Panin Life Tbk, for your credit card balance. I agree to enroll for ANZ Guard insurance, I hereby declare that I am under 65 years old and currently in healthy condition. I agree to pay a mothly premium of 0.18% of my credit limit, which will be billed directly to my card account

Yes,

Signature

## STATEMENT OF CUSTOMER'S PERSONAL DETAILS

Upon signing this statement:

- I have granted consent to the Bank to give and/or distribute my personal details to other party outside of Bank legal entity for commercial purposes.
- I have understood the explanation from the Bank about the purposes and the consequences by giving and/or distributing my personal details to other party outside the above Bank legal entity.

\_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 Mandatory (Signature)

By signing this application, I/We hereby declare that:

All of the information given by me/us in this application is true and correct. Incomplete application or application with incomplete documents will not be processed by PT ANZ Panin Bank ("ANZ"). I/We hereby, also give the authorisation to ANZ to verify all details and/or to obtain information or references from whichever sources in whichever manners deemed appropriate. No administration fee is charged for application processing. I am/We are aware that ANZ has the right to approve or to decline my/our application without giving any reasons, and all the documents I/We have submitted will be retained by ANZ.

If this application is approved, I/We will be bound by Cardholder Agreement for ANZ Cardholders and fully responsible to settle all billing, interest and other fees imposed. ANZ has provide full explanation regarding the characteristics of this credit card and I am/We are fully aware and understand all the consequences arising from the usage of this credit card, including the benefits, risks and fees inherent from this credit card.

Basic Cardholder Signature **(please sign within the below space)**

\_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_  
 Mandatory (Signature)

## BANK USE ONLY

CA	<input type="text"/>	FRD	<input type="text"/>	TBO	<input type="text"/>
SC	<input type="text"/>	AC	<input type="text"/>	GSC	<input type="text"/>
NOB	<input type="text"/>	JOB	<input type="text"/>	TBO	<input type="text"/>
APMA	<input type="text"/>				

## INCOME REQUIREMENTS

Monthly minimum salary : 3x Regional Minimum Salary (UMR/Upah Minimum Regional)

## DOCUMENTS REQUIREMENTS

Documents	Types of Occupation				For Transfer Balance application and/or Other Bank Credit Card holders
	Employee	Professional	Business Owner	Foreign Citizen	
KTP/Passport	✓	✓	✓	✓	✓
Salary Slip	✓			✓	
Practise License		✓			
Company License, SIUP & NPWP			✓		
KIMS/KITAS (with 6-month validity period)				✓	
Copy of previous month billing statement & front panel of other bank credit card					✓

PT ANZ Panin Bank

24-Hour ANZ Call Centre

Jakarta **(021) 572 1900** | Bandung **(022) 733 1900** | Semarang **(024) 844 1900** | Surabaya **(031) 548 1900** | Medan **(061) 456 1900**

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