

**Request Type**New Damaged Expired Lost/Stolen

Complete section 1 & 3

Complete section 1,2 & 3 for damaged, expired, or lost/stolen

Section 1**Customer details****Customer name**

Title	Last Name	First Names

Customer's Residential AddressPhone Phone **Card embossing details**

This must be the same as, or a shortened form of, the customer's name on BEAM Net.

Title	Last Name	First Names <i>(Max 27 characters)</i>

Customer Number**Postal Information**

If Bank Statements and Advices are to be collected by the Customer the branch name is to be entered here.

	Branch
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Customer's correspondence address

Customer's Account DetailsNominated primary account Account type Individual Account Joint Account

(For joint accounts, any account holder is authorised to sign and each account holder must sign a separate Access Card Application)

Nominated secondary accounts

Secondary account 1		Account Type	
Secondary account 2		Account Type	
Secondary account 3		Account Type	

Section 2
Request received Time and Date In person By phone Other
Card Number **Issuing Branch (name and location)**
Damaged
Details of damage to Card

Section 2 (cont.)

Expired

Date of Expiry Card has been destroyed (by cutting it diagonally in half) Yes No

Lost/Stolen

Time and Date of loss/theft Was the lost/stolen card signed? Yes No Did the person stealing/finding the card have access to the PIN? Yes No

Where was the card last used? Time and Date Amount

How did the loss occur? (please tick)

Robbery Purse snatch House breaking Fraud Other (please specify)

Please issue a new card Yes No Is a new PIN required? Yes No

Section 3

Authorisation

1. I authorise ANZ Bank (Samoa) Limited (the Bank) to act in accordance with the instruction(s) set out in this document. I acknowledge that ANZ is not obliged to approve the instruction(s) set out herein.
2. I declare that all information on this document is true and correct.
3. I agree to be bound by the Bank's Electronic Banking Conditions of Use.

In the event of any inconsistency between the English and other language content of this document, the English version shall apply.

Name of customer / Authorised signatory

Customer's / Authorised signatory's signature Time and Date

Bank use only - to be actioned immediately		
Time and Date received	Forwarded to EBS - Time and Date	Forwarded by
<input type="text"/>	<input type="text"/>	<input type="text"/>
Branch the application/report recorded at	Officer compiling the application/report	
<input type="text"/>	<input type="text"/>	
Cards Use Only	Input by	Checked by
<input type="text"/>	<input type="text"/>	<input type="text"/>