

ACCESS CARD APPLICATION FORM



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 name

Title
First Name(s)
Last Name

Customer's Residential

Phone Phone

Card embossing details

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

Title
First Name(s)
Last Name (Max 27 characters)

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
Customer's correspondence address

Customer's Account Details

Nominated 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

Card Type Options

- Access Card Visa Debit Card

SECTION 2

Request received

Time Date
 In person By phone Other

Customer Number

Issuing Branch (name and location)

Damaged

Details of damage to Card

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 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 Australia and New Zealand Banking Group (PNG) 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

Date

BANK USE ONLY - to be actioned immediately

Time and Date received

Forwarded to EBS - Time and Date

Forwarded by

Branch the application/report recorded at

Officer compiling the application/report

Cards Use Only

Input by

Checked by