



Card Request

Police & Nurses Credit Society Limited
ABN 69 087 651 876
AFSL/ACL 240701
Level 7, 130 Stirling Street
Perth WA 6000

PO Box 8609, Perth BC,
Western Australia 6849
Telephone 13 25 77
Fax (08) 9219 7660
www.pncs.com.au



MEMBER DETAILS

Member Number _____

Card Number

Title _____ Surname _____ Given Names _____

Residential Address _____ Postcode _____

Phone: Home _____ Work _____ Mobile _____

Card Required: VISA Credit Card VISA Debit Card ATM Card

NEW/REPLACEMENT CARD

I/We request that Police & Nurses issue me/us with a:

new card replacement card

due to the old card/PIN being:

lost damaged/faulty change of name stolen Police Report No. _____

I agree to abide by the Terms & Conditions of Use applying to the requested card.

_____ Date ____/____/____

Signature

AUTHORITY

Please issue an additional card on my/our account in the name of the "Authority to Operate". I/We certify that the authority to operate has attained the age of 18 years. I/We acknowledge that the Authority to Operate will be issued with his/her own Personal Identification Number (PIN) and will have unrestricted access to my/our nominated account/s listed on the Authority to Operate form. I/We acknowledge that the Authority to Operate will have access to my/our account/s listed on the Authority to Operate form and cannot be withdrawn until such time as the card in the name of the Authority to Operate is delivered to Police & Nurses with my/our written request to terminate the authority of the Authority to Operate.

_____ Date ____/____/____

Signature One

_____ Date ____/____/____

Signature Two

Authority to Operate (person for whom this card is intended)

Title _____ Surname _____ Given Names _____

Authority to Operate Signature _____ Date ____/____/____

OFFICE USE ONLY

Card linked SV1 _____ SV2 _____ SV3 _____

Loan Fee: Standard Urgent

Card ordered Address details confirmed

Disclosure documents issued:

ATM Card PDS (including ATM Card Conditions of Use) VISA Card PIS (including VISA Card Conditions of Use)

Officer _____ Operator No. _____ Signature _____ Date ____/____/____