



# Commercial Cards Cardholder Registration Form

This form is used if you wish to add a new cardholder to an ANZ Commercial Card account.

Please fax completed form to **03 9601 1485**, or send by mail to ANZ Commercial Cards, Locked Bag 10, Collins St West PO, Melbourne Vic 8007. If you need assistance to complete this form please contact the ANZ Commercial Card Service Centre on 1800 032 481.

Once completed please advise me on fax number

Once completed please advise me via email address

OR/

## 1. Facility Details

Business Name

Billing Account Number

Contact Person Name

Contact Person Phone number

## 2. Card details

Card Holder Name as you wish it to appear on card

Title

First Name

Middle Initial

Surname

Monthly Credit Limit  
(multiples of \$100 min \$500)

Transaction Limit\*  
(multiples of \$100)

Over the Counter Cash Advance Limit\*  
(multiples of \$100)

Daily ATM Limit\*

 \$0  \$1000  \$1100  \$1200  \$1400  \$1600

Cardholder Business Address (if different from billing account address)

Suburb

State

Postcode

## 3. Cardholder security details

Cardholder's Date of Birth dd/mm/yyyy)

Password (for identification purposes eg. a word meaningful only to the cardholder)

## 4. Identification Requirements - must be completed before a card is issued.

Please show the way in which the cardholder has been identified by marking one of the following with a 'X' cross.

100-point-check completed at an ANZ branch/exisitng ANZ customer. **Please proceed directly to section 5.**

OR

Identified by a Verifying Officer - please ensure Verifying Officer has signed the section below.

I declare that I am an Authorised Verifying Officer for the above client. In accordance with the FTR Act, I certify that the person whose details are completed above is authorised by the above client to be a Cardholder to this account (by use of an ANZ Commercial Card).

Name of Verifying Officer

Verifying Officer's Signature

## 5. Authority

**Cardholder Signature** I declare that the details contained in this completed form are true and correct and that I have read and understood the privacy declaration overleaf.

Cardholder's Signature

**Authorised Signatory or Director (must sign in all cases)** I declare/confirm that I am an Authorised Signatory or Director for the above client and that the details contained in this completed form are true and correct and have been given to enable ANZ to issue an ANZ Commercial Card to the above Cardholder.

Name of Authorised Signatory or Director

Authorised Signatory or Director Signature

\* If transaction limit is left blank the maximum transaction value will be restricted only by the cardholders available credit. If no Cash Advance or ATM access is selected, limit will be set to \$0.



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## 6. Privacy declaration

Australia and New Zealand Banking Group Limited ABN 11 005 357 522 (ANZ) is collecting the Cardholder's information in order to provide the Cardholder with the ANZ Commercial Card if the client's application is approved. Without this information, ANZ will not be able to provide the Cardholder with the card. By signing this application form, the Cardholder acknowledges and agrees that:

- (a) ANZ may also use and disclose this information for our internal administration and operations and for market or customer satisfaction research; and
- (b) ANZ may disclose this information to credit reporting or debt collecting agencies; our alliance partners and Visa International Inc; providers of goods or services billed to the card; our agents; contractors and advisers and to other parties authorised and/or required by law to collect this information.

The Cardholder may request access to this information at any ANZ branch. Access will be granted in accordance with the Privacy Act 1988 for ANZ's usual fee. If any of the Cardholder's information is inaccurate, the Cardholder may request that it be corrected.

## 7. Financial Transaction Reports Act 1988 (FTR Act)

### Signatories/Cardholders

It is a requirement of the FTR Act that all Signatories/Cardholders are identified in accordance with the FTR Act.

The identification required can be complied with by ensuring that every Signatory/Cardholder has either:

- an **Identification Reference (Section 21)** completed by an Acceptable Referee in terms of the instructions listed on the form;
- OR**
- a **Record of Identification – General (100-Point Check)** completed by an ANZ staff member who is authorised to open bank accounts.  
The staff member is to certify below that the Record of Identification is held by the branch.

If the Signatory/Cardholder has already completed the requirements of the FTR Act at an ANZ Branch, please advise at which branch this was done so that it can be confirmed by the ANZ Commercial Cards Service Centre. Alternatively that branch can certify in the section below that the identification documents are held by the branch.

### Verifying Officers

Public authorities and incorporated bodies (which includes incorporated associations and a proprietary company that has traded or maintained an account with a financial institution for a continuous period of two (2) years) may nominate a Verifying Officer under the FTR Act.

The client may nominate a Verifying Officer by completing the back of the Account Signatories form. The Verifying Officer must be identified in the manner set out above for Signatories/Cardholders.

The Verifying Officer will be responsible for certifying the identification of Cardholders authorised by the client, as Signatories to the account by use of a Card, by signing the front of this application.

It is an offence under the FTR Act to make a false or misleading statement.

**Note: If you have any enquiries regarding the above, please do not hesitate to contact the ANZ Commercial Cards Service Centre on 1800 032 481.**

## Financial Transaction Reports Act 1988 (FTR Act) Confirmation (ANZ branch use only)

ID requirements satisfied by the Verifying Officer  Yes  No

**If no,**  
Completed Record of Identification (item 338 or 339) or Identification Reference (item 340) (or copies) for the Cardholder.

Branch/Business Unit

Date (dd/mm/yyyy)

Bank Officer's Name

ID BSB

0	1				
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Signature

Signing Number

### AND

Completed Record of Identification (item 338 or 339) or Identification Reference (item 340) (or copies) for the Director/Principal.

Branch/Business Unit

Date (dd/mm/yyyy)

Bank Officer's Name

ID BSB

0	1				
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Signature

Signing Number