



# visa debit card application

Dnister Ukrainian Credit Co-operative Ltd

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## applicant details

Member Number

My details have not changed and are current

Member Name

Address

pc

Phone

Mobile

Email

## joint applicant details (if account is in joint names)

Member Number

My details have not changed and are current

Member Name

Address

pc

Phone

Mobile

Email

Please maintain your current contact details to minimise any time delay in the contact process, should there be a transaction assessed as suspicious. If the member is under 18 years but older than 14 years, a parent/guardian must be a joint account holder.

## type of application

New Card

Replacement Card

Card Lost

PIN Lost/Forgotten

Card Damaged

New Name

Card Stolen

Card/PIN Not Received

ATM Captured

Other

## lost or stolen details

Date lost/stolen  Time

Police Informed Y  N  Date

Police Report Attached Y  N

Was PIN recorded with the Visa Debit Card? Y  N

## card details

Name as you would like it to appear on the card

Attached account (CHQ)

Attached account (SAV)

Attached account (CR)

## additional card details (if account is in joint names)

Name as you would like it to appear on the card

Attached account (CHQ)

Attached account (SAV)

Attached account (CR)

You can access your account/s at ATMs or EFTPOS terminals by selecting the 'CHQ' (cheque) or 'SAV' (savings) 'CR' (credit) button as specified above or by using your 16 digit Visa debit card number for purchases over the internet, by phone or mail. payWave transactions are processed through the (CR) Account.

## daily limit details

Please select the preferred daily EFTPOS and ATM limit on your account. Note that if you do not select an option the Standard Limit of \$1,000 will apply.

Minor \$500

Standard \$1,000

Extended \$3,000

Super \$5,000

Corporate \$10,000

Executive \$20,000

## overdraft / equity access facility

You can apply to have an Overdraft or Equity Access Facility attached to a Visa debit card. Conditions of the facility will apply.

Please provide a \$500 Overdraft Facility

I/We have a net weekly income in excess of \$1,500.00

\* I would like to apply for an Overdraft Facility in excess of \$500.00

Amount \$

\* I would like to apply for an Equity Access Facility

Amount \$

\* An application for credit will be required to be completed.

please turn over . . .

### additional cardholder details

Member Number

First Name

Surname

Address

Post Code

Phone

Mobile

Email

Name as you would like it to appear on the card

Attached account (CHQ)

Attached account (SAV)

Attached account (CR)

NOTE: Additional cards can only be issued by authorised signatories of the above named account/s. You may elect to add an additional cardholder to your Visa debit card. The person must be **over the age of 14**. All additional cardholders will receive a separate PIN. Please refer to Dnister's Conditions of Use for further information.

### daily limit details for additional cardholder

Please select the preferred daily EFTPOS and ATM for the additional cardholder. Note that if you do not select an option the Standard Limit will apply.

Minor \$500       Standard \$1,000       Extended \$3,000       Super \$5,000

Corporate \$10,000       Executive \$20,000

### declaration

I/We declare that I/we am/are aged 18 years or older and that I/we am/are a permanent/temporary resident/(s) of Australia. If I am an additional cardholder, I declare that I am aged 14 years or older and that I am a permanent/temporary resident/(s) of Australia. I/We declare that the information in this application is true and correct. If I/we am/are the account holder/(s), I/we hereby apply for the issue of a Visa debit card/(s) and Personal Identification Number/(s) ('PIN') and issue to me/us, and any additional cardholder named in this application, a Visa debit card/(s) to enable me/us to access my/our nominated account(s) with Dnister by electronic means. If I/we have named an Additional Cardholder in this application, I/we acknowledge that I/we am/are solely/jointly and severally liable for all transactions including those actions conducted by the Additional Cardholder on any nominated account/(s). If I/we have selected an approved credit facility, I/we agree to a credit reference check/(s) being undertaken through a credit reporting agency and declare that I/we have a net income in excess of the sum stated in this application. In activating an approved minor Overdraft Limit amount, I/we agree to be bound by the terms of the minor Overdraft Limit Agreement. I/We confirm that I/we have read and understand this application form, the relevant Conditions of Use, Privacy Statement and Product Disclosure Statement, which includes the Fees and Charges Schedule and hereby provide the acknowledgements, consents and authorisations required of me as detailed therein. Upon receipt of the Visa debit card/(s) and PIN/(s), I/we will sign and activate the card/(s) using the instructions provided.

Please forward the **completed and signed form to Dnister** by mail or via the tax number listed. If you have any queries or require further assistance, please contact our member services team.

### additional cardholder

Full name  Signature

Member no.  Dated

### card branding



### account owner / signatory - please circle

Full name

Signature

Member no.  Dated

### account owner / signatory - please circle

Full name

Signature

Member no.  Dated

### Office use only

Processed in DA by  Date  Verified by  Date

Processed in Insight by  Date  Verified by  Date