



# Visa Credit Card Additional Card Holder Request Form

As at May 2019

## 1. PLEASE TELL US ABOUT YOURSELF

Title	Given Names	
Surname	Member No	
Current Address		
	State	Postcode

## 2. ADDITIONAL CARDHOLDER

I wish to apply for an additional card in the following name.  
The Additional Cardholder is over 18 years old.

Title	Given Names	
Surname	Member No	
Date of Birth		
/ /		

X

*Sign here*

Date / /

Please note if the Additional Cardholder is NOT a member or signatory to another account, we will contact them to complete the necessary Identification Requirements, prior to the card being issued.

## ACKNOWLEDGEMENT

I acknowledge that I am responsible for the additional cardholders use of the card and for paying all the amounts of any purchases, cash advances and other allowed transactions made by the additional cardholder, as if I had used my card to make the transactions.

If I ask you in writing you will cancel a card issued to the additional cardholder.

I acknowledge that neither the cancellation of the additional card, nor a stop on my account will take full effect immediately. I will continue to be liable for all transactions made by the additional cardholder to purchase goods and services at a price below a merchants authorised floor limit, until I have taken all reasonable steps to have the additional card returned to you. I agree and authorise the additional cardholder with access to information about the account including all account balances and statement details and will permit the additional cardholder to transact on the account.

X

*Signature of Cardholder*

Date / /

### Unity Bank Limited

Level 7, 217 Clarence St. Sydney NSW 2000  
p: 1300 36 2000 f: 02 8263 3277  
mail@unitybank.com.au  
www.unitybank.com.au

### Reliance Bank

203-209 Russell St. Bathurst NSW 2795  
p: 13 24 40 f: 02 6334 8825  
mail@reliancebank.com.au  
www.reliancebank.com.au

### Bankstown City Unity Bank

64 Kitchener Parade Bankstown NSW 2200  
p: 1300 65 4477 f: 02 9707 6060  
mail@bcub.com.au  
www.bcub.com.au

MAILING ADDRESS: PO Box K237 HAYMARKET NSW 1240

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