

Instructions

1. For Credit Card applications or credit limit increases, please complete all sections.
2. For additional cardholder applications, please complete the Additional Cardholder Application Form.
3. Please complete the application form using capitals, black or blue ink only.



The product issuer is: Police Bank Ltd

25 Pelican Street, Surry Hills NSW 2010 ABN 95 087 650 799. AFSL/Australian Credit Licence No. 240018 Phone: 131 728 Email: info@policebank.com.au Website www.policebank.com.au

1. Membership Details please ✓ appropriate boxes

My existing Member / Client number is _____

I am a new Member

2. Instructions

- 1. I wish to apply for a Police Bank Visa Credit Card**
- 2. I understand that to be eligible for a Police Bank Visa Credit Card**
- I must be a Police Bank Member
 - I am at least 18 years of age
 - I am a permanent Australian resident
 - I have a good credit rating
3. Please ✓ one of the following:
- I would like to request a credit limit of: \$ _____
- I would like to increase my existing credit limit to: \$ _____
- I understand my application is subject to your normal credit assessment and the credit limit may be approved lower than the requested amount.

3. My Personal Details please ✓ appropriate boxes

Title: Mr Mrs Ms Miss Other (Specify) _____

Surname: _____

Given Names: _____

Residential address: _____

Postcode: _____

E-mail address: _____

Postal Address (if different): _____

Postcode: _____

Home no. () _____ Mobile no. _____

Work no. () _____ D.O.B DD / MM / YY

Home Ownership status (please tick) Date commenced at this address

Owner Buying Renting DD / MM / YY

Boarding Living with Parents

Previous address (If less than 5 years): _____

Postcode: _____ How long at address: YY / MM

Marital status (please tick) Single Married No of Dependents:

De facto Separated Divorced Widowed Age of Dependents:

Drivers Licence number: _____ Expiry Date: DD / MM / YY

4. Relatives Details

Relatives' details (below are the contact details of my nearest relative not living with me):

Name of nearest relative: _____

Relationship to relative: _____

Address: _____

Home No. () _____ Mobile No. _____

5. Employment

Employer: _____

Employer's address: _____

Postcode: _____

Occupation (if self-employed, name and nature of business): _____

Employer's Telephone Number: _____

Date Started: DD / MM / YY Employment status (Please tick)

Full Time Part-Time

Casual Self-employed

Previous employer (if less than 3 years with current employer): _____

Employer's address: _____

Postcode: _____

Occupation: _____

Employer's phone number: () _____

Period of Employment: From MM / YY to MM / YY

Employment status (please tick) Full-time Part-time Casual Self-employed

Please include current pay slips, confirmation of other income and evidence of current liabilities. If self-employed, please include three full year's financial statements.

6. Income

Net Salary (after tax) from your regular employer \$ _____ Please Circle Wkly / Mthly / Fnghtly

Regular overtime, allowances \$ _____ Wkly / Mthly / Fnghtly

Other income (specify): _____ \$ _____ Wkly / Mthly / Fnghtly

_____ \$ _____ Wkly / Mthly / Fnghtly

Total Income \$ _____ Wkly / Mthly / Fnghtly

7. Assets

	Estimated Value
Motor Vehicle(s)	
Make: _____ Model: _____ Year: _____	\$ _____
Make: _____ Model: _____ Year: _____	\$ _____
Property: Home	
Address: _____	\$ _____
Property: Investment	
Address: _____	\$ _____
Savings/Term Deposits:	\$ _____
Shares & other investments:	\$ _____
Contents/Household goods:	\$ _____
Other Assets:	\$ _____
Total Assets	\$ _____

8. Liabilities

Regular Expenses	Balance Owning	W/F/M Repayments
Existing mortgage, rent or board: Payable to: _____	\$ _____	\$ _____
Personal Loan/Car Loan: Financial Institution: _____	\$ _____	\$ _____
Credit Cards: Financial Institution: Type: _____	Limit \$ _____	\$ _____
Credit Cards: Financial Institution: Type: _____	Limit \$ _____	\$ _____
Store/Retail Cards Type: _____	Limit \$ _____	\$ _____
Store/Retail Cards Type: _____	Limit \$ _____	\$ _____
Other Loans: Financial Institution: _____	\$ _____	\$ _____
Private Health Insurance and/or Income Protection Insurance: _____	\$ _____	\$ _____
Private School Fees and/or Child Care Fees: _____	\$ _____	\$ _____
Maintenance / Child Support Payable to: _____	\$ _____	\$ _____
Other Regular Expenses: _____	\$ _____	\$ _____
Total Expenses		\$ _____

9. Automatic Payment Request

please appropriate boxes

Yes, I would like to have monthly automatic payments made to my Visa Credit Card from my Police Bank Account No. (please specify) _____

A/C Type (eg S1) _____

Please tick one of the following options listed below:

- My minimum payment as shown on my statement.
- Set monthly amount (please specify) \$ _____
Please note: The set monthly amount is to exceed the minimum payment required.
- My full outstanding balance shown on my statement
- OR**
- I will arrange payments myself.(eg. via internet banking, send cheque)

10. Additional Card (Optional)

Yes

Please request the Additional Cardholder Application to complete. We will need to verify the identity of the additional cardholder if they are not an existing member of Police Bank.

11. Declarations

Privacy Notice

Outline

This Privacy Notification sets out:

- why we collect and use your information
- how we collect and use your information
- what happens if you do not wish to provide us with information
- whether we provide your information to other entities
- the availability of our Privacy Policy
- how we deal with credit information
- whether we disclose your information overseas and if so, where
- how you can contact us.

Collection & use of your information

We collect and use your information to:

- provide you with membership benefits, financial services and products or information about those benefits, services and products
- provide you with information about financial services and products from third parties we have arrangements with
- conduct market and demographic research in relation to the products and services you and other members acquire from us
- establish your eligibility for a loan
- establish your capacity to repay a loan.

The law also requires us to collect and hold your information:

- for our register of members under the Corporations Act
- to verify your identity under the AML/CTF Act
- to assess your capacity to pay a loan under the National Consumer Credit Protection Act.

How we collect your information

We will collect information about you and your financial position from you directly. When you apply for a loan, we will collect information about your credit history from a credit reporting body.

How you can access your information

You can request access to your information at any time.

What if you do not wish to provide us with information?

If you do not give us the information we require, we may not be able to admit you to membership or provide you with the financial service or product you have applied for.

Providing your information to credit reporting bodies

The credit reporting body we disclose information to is Veda.

If you do not make your repayments when they fall due or commit a serious credit infringement, we may disclose this to Veda. Any information we provide to Veda will be included in reports provided to credit providers to help them to assess your creditworthiness.

You can ask Veda not to use your information for pre-screening of direct marketing by a credit provider. You can also ask them not to use or disclose your

information if you reasonably believe that you have been or are likely to be a victim of fraud. Veda's policy on the management of information is available at: Website: www.veda.com.au.

Call: 1300 921 621

Providing your information to other entities

We disclose your information to other entities. We only disclose your information as needed and as required by law. We can disclose your information to:

- entities that verify identity
- our third party contractors or agents, such as SG Fleet Australia Pty Limited (SG Fleet) and Cage Security
- lawyers, conveyancers, accountants, brokers and agents who represent you
- contractors for statement printing and mail out, card and cheque production, market research or direct marketing
- affiliated product and service suppliers to provide information to you about their services and products
- credit reporting bodies and other financial institutions that have previously lent to you
- persons you use as referees
- for property loans – property valuers and insurers
- mortgage documentation service
- trustee and manager of securitised loan programs
- any proposed guarantor of a loan
- debt collection agencies, lawyers, process servers
- our auditors.

We will also disclose your information to law enforcement and government agencies as required by law.

Our Privacy Policy

Our Privacy Policy is available at www.policebank.com.au. The Policy contains information about:

- how you can access your information
- how you can seek correction of your information
- how you make a complaint and how we will deal with it
- in what overseas countries we are likely to disclose your information.

Disclosure to overseas recipients

We may disclose your information to third parties that are based overseas for processing. These third parties are located in the United States of America.

How to contact us

You can contact us:

- in person at one of our Service Centres. Visit our website www.policebank.com.au for a list of Service Centre locations.
- by calling us on 131 728.
- by email at info@policebank.com.au.
- in writing to 25 Pelican Street, Surry Hills NSW 2010.

Application - I/we declare that all the information provided in this application is true, correct and not misleading; and acknowledge that Police Bank will rely on this information and may terminate the membership if it is not true, correct or is misleading

Applicant's Declarations:

By signing below, I (the applicant) confirm that:

- I understand that the Bank is the product issuer.
- All statements in my application are true, correct, complete and not misleading and I realise the Bank is relying on this.
- I am not a current bankrupt, discharged bankrupt or have any judgements or legal proceedings against me that I have not disclosed.
- I am/we are aware that by submitting this information, the Bank will conduct a credit report with Veda.
- I acknowledge that this application is not an agreement to lend.

VISA CREDIT CARD OPERATION

- I acknowledge that you have notified me that you have terms and conditions governing the operation of the Visa Credit Card with you.
- I acknowledge that you may alter those Terms and Conditions from time to time.
- I agree to be bound by your Visa Credit Card terms and conditions as altered from time to time by you.

PRODUCT DISCLOSURE DOCUMENTS

- I agree to receive the Financial Services Guide (FSG) for this via the Police Bank website or in brochure form.
- I understand that I should read the FSG before taking up any product and that I can download the FSG to my personal computer.
- I agree and understand written confirmation of the opening or closing of any product is available by calling 131 728.

Signature of Applicant

Please print name: _____

X _____ **SIGN HERE** _____ Date / /

Privacy Policy Declaration (for shared commitments)

I _____ acknowledge that Police Bank is retaining my payslip on file for the purposes of this loan application in the name of _____ and I have been informed as to where I can obtain a copy of the Bank's current Privacy Policy (www.policebank.com.au).

Name [Please Print] _____

Signature _____ Date / /

Your Objectives and Requirements

This document forms part of your credit card application.
Your responses are required to establish the correct credit product to best suit your needs.

Delays in you completing this form will result in delays in funding your credit card.

Feature/s:	Yes	No	Not Applicable	More information required	Comments
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1. Personal Lending:

1.1 Interest Free Days

Is it important to have interest free days?

1.2 Revolving Credit/Continuing Credit

Do you prefer to have access to funds available when you need them?

2. Other Information or other requirements

3. Future Changes

Do you know of any future changes in your ability to make repayments without financial difficulty? Yes No

If 'yes' what kind of changes are you expecting?

Temporary decrease in income Permanent decrease in income Anticipated large expenditure

How will you continue to make repayments?

Securing additional income Using savings My application reflects these changes

Reducing expenditure I will not be able to make the repayments without financial difficulty

I/we confirm that my/our objectives and requirements for the credit being applied for by me/us are as stated above

Applicant 1

Member Number

Member Name

Signature:

Date: / /

Applicant 2

Member Number

Member Name

Signature:

Date: / /

Key facts about this credit card

Correct as at 1 June 2015

This information sheet is an Australian Government requirement under the National Consumer Credit Protection Act 2009.

Description of Credit Card

Product Name	Visa Credit Card
Minimum Credit Limit	\$1,000
Minimum repayments	\$5 or 2.5% (whichever is greater)
Interest on purchases	10.76% p.a
Interest free period	Up to 55 days
Interest of cash advances	10.76% p.a
Annual fee	\$30.00
Late payment fee	\$10.00

There may be circumstances in which you have to pay other fees. You can only be charged a fee for exceeding your credit limit if you separately agree to being charged that fee. A full list of current fees applicable to our credit card can be obtained from www.policebank.com.au (or www.customsbank.com.au for Customs Members).

For more information on choosing and using credit cards visit the ASIC consumer website at www.moneysmart.gov.au

The terms on which this credit card is offered can change over time. You can check if any changes have been made by visiting www.policebank.com.au (or www.customsbank.com.au for Customs Members).

Balance Transfer Request and Authorisation

Transfer Details (the Credit Card/Store Account that you wish to transfer from)

I authorise the Police Bank Ltd to transfer the following amounts to my Visa Credit Card from the account described below in accordance with the Terms and Conditions of this Balance Transfer Request.

Account Name	Type of Account
<input type="text"/>	<input type="text"/>
Card/Account No.	<input type="text"/>
Amount to be transferred (\$ amount must be specified - min \$500)	\$ <input type="text"/>
Name of issuing organisation	<input type="text"/>
BPay biller number of issuing organisation	<input type="text"/>
BPay reference number of your card account	<input type="text"/>

Balance Transfer Terms and Conditions

I acknowledge that:

- The Balance Transfer may take up to 7 days to process from the date the Bank receives my request.
- For new accounts, Balance Transfer requests will not be processed until I have activated my Visa Credit Card.
- I remain liable for any payments due under the account where my Balance Transfer has come from.
- Balance Transfers from other Bank accounts are not permitted and can only be made at the request of the primary cardholder of an Australian issued credit card account.
- Balance Transfers must be for at least \$500 and cannot take my S14 balance over 95% of the Credit limit.
- The Bank may refuse any Balance Transfer request.

Declaration - I accept the Balance Transfer Terms and Conditions.

Signature of primary cardholder Date / /

In order to close your other credit card account, please complete the following section which will be sent to your other institution.

Please Close My Account (Please tick)

Title Mr Mrs Ms Miss Other (specify)

Surname Given Names

The account number for the card to be closed

Name of financial institution/bank

I authorise you to close the above account. I have destroyed the above credit/charge card and any other card that has been issued in this account.

Date / /