



Card Request

Police & Nurses Credit Society Limited
 ABN 69 087 651 876 AFSL 240701
 PO Box 12847
 Abeckett Street VIC 8006
 Telephone 13 25 77
 www.nurses1st.com.au



MEMBER DETAILS

Member Number _____
 Card Number
 Title _____ Surname _____ Given Names _____
 Residential Address _____ Postcode _____
 Phone: Home _____ Work _____ Mobile _____
 Card Required: VISA Credit VISA Debit ATM Card

NEW/REPLACEMENT CARD

I/We request that Nurses First 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the authority to operate will have access to my/our account/s listed on the Authority to Operate form and cannot be withdrawn until such time as the card in the name of the authority to operate is delivered up to Nurses First with my/our written request to terminate the authority of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 to: SV1 _____ SV2 _____ SV3 _____ Loan _____

Fee: Standard Urgent

Card ordered Address details confirmed

Disclosure documents issued:

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

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