

Visa application

PLEASE COMPLETE THE APPLICATION FORM AND RETURN TO TSB BANK.

Types of Visa accounts (SELECT NEW OR EXISTING ACCOUNT)

New

SELECT ONE OPTION & TICK THE APPROPRIATE BOX.

Personal account – You are solely liable for repayment of credit, including any additional cardholders' transactions.

Joint account – You are jointly and severally liable for repayment of credit.

Preferred limit \$

Preferred statement date to be on the day of the month.

NB. Payment due date will be 25 days after the statement date. Direct Debit payments are processed on the payment due date.

Bank account number

| | | | | | | | | | | | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Card despatch method

Post Collect from branch

Existing COMPLETE YOUR VISA CARD NUMBER IN THE BOX BELOW.

Visa account number

| | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 4 | 5 | 4 | 8 | 6 | 7 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|---|---|---|---|---|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

SELECT ONE OPTION & TICK THE APPROPRIATE BOX.

Review of credit limit to \$

Add cardholder

Office use only

Branch number

Your personal details

PLEASE TICK ONE BOX. Mr Mrs Miss Ms

First name(s) in full

Surname

Preferred contact phone ()

Name of nearest relative in New Zealand not living with you

Relative's residential address

Home phone ()

Relationship

Employment and income

Principal source of income: Salary/wages Self employed Commission Super/benefit

Employer's name (IF SELF EMPLOYED, NATURE OF BUSINESS; IF RETIRED, LAST EMPLOYER)

Employer's address

Contact phone ()

Position of employment/occupation

Period of employment

Joint application Additional cardholder

PLEASE TICK ONE BOX. Mr Mrs Miss Ms

First name(s) in full

Surname

Residential address

Home phone ()

Relationship to applicant

Employment and income (FOR JOINT APPLICANT/ADDITIONAL CARDHOLDER)

Principal source of income: Salary/wages Self employed Commission Super/benefit

Employer's name (IF SELF EMPLOYED, NATURE OF BUSINESS; IF RETIRED, LAST EMPLOYER)

Employer's address

Contact phone ()

Position of employment/occupation

Period of employment

Financial details

NOTE: FOR JOINT APPLICATIONS, ENTER COMBINED FINANCIAL DETAILS. FOR APPLICATIONS IN ONE NAME ONLY OR ONE NAME WITH AN ADDITIONAL CARD, ENTER PRINCIPAL APPLICANT'S DETAILS ONLY.

| Income (AVERAGE MONTHLY) | | Expenses (AVERAGE MONTHLY) | | Assets | | Liabilities (AMOUNT OWING) | |
|--------------------------|--|----------------------------|--|----------------------|--|----------------------------|--|
| Salary/wages (AFTER TAX) | | Mortgage repayments | | Deposits TSB Bank | | Mortgage | |
| Joint customer | | Loan repayments | | Deposits other banks | | Other loans | |
| Net trading surplus | | Credit card | | House/section | | Bank overdraft | |
| Rental income | | Rent/rates | | Other property | | Credit cards | |
| Investment income | | Insurance (HOUSE/CONTENTS) | | Shares | | VISA | |
| Other income (SPECIFY) | | Insurance (LIFE) | | Other Investments | | LIMIT \$ | |
| | | Living expenses | | Motor vehicles | | Other | |
| | | | | | | LIMIT \$ | |
| Total monthly income \$ | | Total monthly expenses \$ | | Total assets \$ | | Total liabilities \$ | |

Credit Card Insurance (PLEASE REFER TO THE CCRI POLICY WORDING)

Individual Joint BY ELECTING TO TAKE CREDIT CARD INSURANCE I CONFIRM THAT I HAVE READ AND UNDERSTOOD THE POLICY BENEFITS AS THEY PERTAIN TO ME

Personal Information Rights Statement

Pursuant to the provisions of the Privacy Act 1993, TSB Bank Limited ("the Bank") hereby makes the Account Holder aware of the following points in respect of information about the Account Holder which the Account Holder are now providing, or which the Bank may already hold, or which the Bank may hold in the future.

- The Bank may obtain credit references or make other inquiries within its normal procedures in connection with Visa applications or upon reviews of finance facilities provided to the Account Holder by the Bank. I/we agree and acknowledge that my/our personal information may be disclosed to an assigned Credit Reporting Agency, and that my/our information may be available to other registered subscribers with that Agency.
- The Bank may require to use the information obtained for use by:
 - other departments or divisions of the Bank including (but not by way of limitation) Marketing, TSB Realty, Lending, VISA, Foreign Exchange and Marketing/Underwriting Companies engaged by the Bank or in association with the Bank for product promotions by direct mail, telemarketing or other direct marketing activities.
- The Bank may wish to seek the Account Holder's views on the services and products it offers. To this end, the Bank may provide appropriate information to reputable market research organisations.
- Should it become necessary, information may be passed on to debt collection agencies or the information used by the Bank for the purpose of debt collection.
- The Bank will ensure that the information about the Account Holder is held securely and will not, except for the above purposes or as authorised by the Account Holder or when required or authorised by law, disclose the information to any other person.
- The Privacy Act 1993 gives the Account Holder the right to see and correct any information about the Account Holder held by the Bank.
- The Bank provides information to appointed Visa processing agents and Clearing Members for the purposes of recording Visa cardholder and card information, account transactions and balance details, processing and authorisation purposes, providing statements and information to cardholders, and providing credit control collection, legal recovery or fraud services and to card Repayment Insurance providers.

I/We hereby confirm that I/We have read and understood this statement and hereby authorise the Bank in its sole discretion to make the enquiries referred to above and utilise the information supplied or held for the above purposes; and

In the event that the Account Holder does not agree to the disclosure of personal information as contained in paragraphs 2 and 3 in the above statement, please advise the Bank in writing.

Useful information

This application should be read in conjunction with, and is made subject to the Conditions of Use under which TSB Bank Limited Visa Cards are issued, a copy of which may be obtained from any TSB Bank. A copy of the Conditions of Use will accompany the card(s) issued to the applicant if this application is accepted. Usage of the card(s) issued indicates acceptance of such Conditions of Use. TSB Bank Limited is under no obligation to approve this application or provide a reason should the application be declined. The half yearly card fee will be charged to the first account statement.

Acknowledgement and declaration

I/We are not less than 18 years of age, and certify that I am not/neither of us are, and no signatory to this account is, an undischarged bankrupt or liable under any proceedings pursuant to the Insolvency Act 2006 and its amendments, and agree to advise the Bank if this situation changes, and I/we understand this declaration. I/We confirm that the information supplied by me/us is true and complete and understand that it has been given to enable you to consider this application. To the best of my/our knowledge the above details are a true and correct representation of my/our financial position at this date: I/we agree to the Provisions of the Privacy Act 1993, as listed above, which I/we have read and understood. I/We authorise the release at any time of all personal information held by: a) any other credit providers and credit reference agencies; and b) any previous or current employer regarding my employment history and income.

Applicant's signature _____ Date / /

Joint/Additional cardholder's signature _____ Date / /

Office use only

PIN instructions provided

Copy of CCRI Policy Wording has been provided to client/s

Approved limit _____

Guarantor(s) required (name) _____

Application number _____

Relationship to cardholder _____

4 5 4 8 6 7

4 5 4 8 6 7