

FOR BANK USE ONLY

New ASB Visa Debit card number

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Account number:

1	2																			
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1. Customer Information - This information will be treated in the strictest confidence

Applicant must be at least 13 years old.

First name(s)

Surname

Title

Mr	Mrs	Miss	Ms	Dr
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Other

Date of birth

D	D	M	M	Y	Y	Y	Y
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Home address

Postcode	

Telephone home

Work

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Email address

2. Accounts you'd like to access

I would like to access the following accounts with my Visa Debit card (maximum of three accounts)

Account number:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(Please tick selected accounts and enter suffixes)

Account

Suffix

Cheque

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Savings

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Default account\*

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\* Transactions that are made where account selection is not available, e.g. online, over the phone, by mail order and associated card fees, will be debited to your default account.

3. How would you like your name to appear on your card?

Name to appear on card (Max. 20 characters - please print)

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Further details can be printed on your card underneath your name, e.g. My account, Farm account (Max. 20 characters - please print)

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4. Parental Guardian Indemnity

If the applicant is between 13 and 15 years of age a parent or guardian must complete this section, and show proof of identification.

I,

(insert full name)

as  Parent  Guardian

of the applicant named above hereby authorise and request ASB to issue a Visa Debit card to the applicant. In consideration of ASB agreeing to this request, I agree:

- To ensure the applicant understands the ASB Visa Debit Card Conditions of Use and in particular the responsibility of keeping the card and PIN secure.
- To fully indemnify ASB from and against all claims, damages, demands, costs and expenses which ASB may suffer or incur as a result of the failure of the applicant to comply with any terms and conditions applicable to the use of the Visa Debit card and the operation of the account(s) accessible with the Visa Debit card.

I understand that:

- This indemnity may only be revoked by cancellation of the Visa Debit card and upon full payment of all transactions, interest charges and costs incurred in relation to the account(s).
- The Visa Debit card can be used to make purchases online.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

D	D	M	M	Y	Y	Y	Y
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## 5. Declaration and Authorisation

### Terms and Conditions

I understand that this application is made subject to the following:

- Personal Banking Terms and Conditions;
- ASB Visa Debit Card Conditions of Use;
- ASB's Guide to Fees; and
- Together the terms and conditions.

Copies of the terms and conditions may be obtained from any ASB branch and from asb.co.nz.

I agree to be bound by the terms and conditions by signing this declaration form.

### Important Information

- ASB is under no obligation to approve this application or provide a reason should the application be declined.
- Relevant fees, interest and other charges will apply to any products or services from the date of issue.
- When you are dealing with us by telephone, your conversation may be recorded for verification or training purposes.

### Confidentiality of your information

The Personal Banking Terms and Conditions set out how we will use information we collect about you and with whom we can share it.

By making this application, you authorise us to:

- Make credit checks, confirm your identity and make other enquiries with credit reporting agencies, other credit providers and third party databases. You also authorise those parties to provide such information to us.
- Disclose your information (including default information and ongoing credit account information) to credit reporting agencies who will hold and use that information to provide their credit reporting services. This will mean that they may disclose any information they hold about you to eligible customers of their credit reporting services.

Your information will be help by us, ASB Bank Limited at ASB North What, 12 Jellicoe Street, Auckland, 1010. You have rights of access to, and correction of, personal information (as defined in the Privacy Act 1993) held by us.

When you are dealing with us by telephone, your conversation may be recorded for verification or training purposes.

If you tell us you do not want to receive promotional marketing we will not send it.

- I declare as follows:
- I declare to the best of my knowledge all information provided to ASB is true and correct.
- That I am not less than 13 years of age.
- I declare that I:
  - (i) am not an undischarged bankrupt;
  - (ii) am not liable under any proceedings;
  - (iii) have not applied for entry to or been admitted to the no asset procedure under the Insolvency Act 2006, or its amendments;and I agree to advise ASB should this situation change.
- I have had the opportunity to review and I confirm that the information has been recorded correctly.
- I am authorised to provide personal information on behalf of the customer and evidence of this authority is provided (if someone other than the individual supplies the information).

Customer's signature

Date

D	D	M	M	Y	Y	Y	Y
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## FOR BANK USE ONLY

Customer internal number

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ID (2 types) - list details

1.
2.

Staff member's signature

Staff member's name (block letters)

Parent/Guardian internal number

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Parent/Guardian ID (2 types) - list details

1.
2.

Signature(s) verified

Date

D	D	M	M	Y	Y	Y	Y
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Branch

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Date stamp