



Commercial Cards Cardholder Registration Form

This form is used if you wish to add a new cardholder to an ANZ Commercial Card account.

Please fax completed form to **03 9601 1485**, or send by mail to ANZ Commercial Cards, Locked Bag 10, Collins St West PO, Melbourne Vic 8007. If you need assistance to complete this form please contact the ANZ Commercial Card Service Centre on 1800 032 481.

Once completed please advise me on fax number

Once completed please advise me via email address

0 8 9 3 6 0 2 8 7 8

OR/

Carlshau@murdoch.edu.au

1. Facility Details

Business Name

Murdoch University (Innovative Chiro)

Billing Account Number

4 7 1 5 1 4 9 9 2 0 8 4 5 6 5 1

Contact Person Name

Helan Carlshausen

Contact Person Phone number

(08) 9360 6868

2. Card details

Card Holder Name as you wish it to appear on card

[Empty box for cardholder name]

Title First Name Middle Initial Surname

Monthly Credit Limit Transaction Limit* Over the Counter Cash Advance Limit* Daily ATM Limit* \$0 \$1000 \$1100 \$1200 \$1400 \$1600

Cardholder Business Address (if different from billing account address)

N/A

Suburb State Postcode N/A N/A N/A

3. Cardholder security details

Cardholder's Date of Birth dd/mm/yyyy

[Empty box for date of birth]

Password (for identification purposes eg. a word meaningful only to the cardholder)

[Empty box for password]

4. Identification Requirements - must be completed before a card is issued.

Please show the way in which the cardholder has been identified by marking one of the following with a 'X' cross.

100-point-check completed at an ANZ branch/exisitng ANZ customer. OR Identified by a Verifying Officer - please ensure Verifying Officer has signed the section below.

I declare that I am an Authorised Verifying Officer for the above client. In accordance with the FTR Act, I certify that the person whose details are completed above is authorised by the above client to be a Cardholder to this account (by use of an ANZ Commercial Card).

Name of Verifying Officer

M.Conry / T.Koh

Verifying Officer's Signature

X

5. Authority

Cardholder Signature I declare that the details contained in this completed form are true and correct and that I have read and understood the privacy declaration overleaf.

Cardholder's Signature

X

Authorised Signatory or Director (must sign in all cases) I declare/confirm that I am an Authorised Signatory or Director for the above client and that the details contained in this completed form are true and correct and have been given to enable ANZ to issue an ANZ Commercial Card to the above Cardholder.

Name of Authorised Signatory or Director

M.Conry / T.Koh

Authorised Signatory or Director Signature

X

* If transaction limit is left blank the maximum transaction value will be restricted only by the cardholders available credit. If no Cash Advance or ATM access is selected, limit will be set to \$0.