

visa debit card application

Dnister Ukrainian Credit Co-operative Ltd

ABN 59 087 651 394 | AFSL / Australian Credit Licence 240673 | BSB 704 235 **Head Office**: 912 Mt Alexander Road, Essendon VIC 3040 | PO Box 279 | P 1800 353 041 | P (03) 9377 1100 www.dnister.com.au | admin@dnister.com.au

Member Number My details have not changed and are current. My details have not changed and are current. Member Name Neve Card Postcode Prostcode P	applicant details	joint applicant details (if account is in joint names)												
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Email Please maintain your current contact details to minimise any time delay in the contact process, should there be a transaction assessed as suspicious. If the member is under 18 years but older than 14 years, a parent/guardian must be a joint account holder. Type of application New Card Replacement Card	Postcode	Postcode												
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Date lost/stolen Police Informed Y N Date Was PIN recorded with the Visa Debit Card? Y N Police Informed Y N N Notification emails that the eStatements are available to view or download via Dnister Internet Banking will be emailed to the email address provided above unless alternative email: Card details Name as you would like it to appear on the card Attached account (CHQ) Attached account (CHQ) Attached account (SAV) Attached account (CR) You can access your account/s at ATMs or EFTPOS terminals by selecting the 'CHQ' (cheque) or 'SAV' (savings) 'CR' (credit) button as specified above or by using your 16 digit Visa debit card number for purchases over the internet, by phone or mail. payWave transactions are processed through the (CR) Account. daily limit details Please select the preferred daily EFTPOS and ATM limit on your account. Note that if you do not select an option the Standard Limit of \$1,000 will apply. Minor SS00 Standard \$1,000 Extended \$3,000 Super \$5,000 Corporate \$10,000 Executive \$20,000 overdraft / equity access facility Y/We have a net weekly income in excess of \$1,500.00 * I would like to apply for an Overdraft Facility I/We have a net weekly income in excess of \$1,500.00 * I would like to apply for an Overdraft Facility I/We have a net weekly income in excess of \$1,500.00	Replacement Card	olen Other (please specify)												
Police Informed Y N Date Was PIN recorded with the Visa Debit Card? Y N N PStatements I consent to electronic delivery of statements and notices. Notification emails that the eStatements are available to view or download via Dnister Internet Banking will be emailed to the email address provided above unless alternative email: Ves No	lost or stolen details													
eStatements I consent to electronic delivery of statements and notices. Yes No No Unister Internet Banking will be emailed to the email address provided above unless alternative email: additional card details (if account is in joint names) Name as you would like it to appear on the card Attached account (CHQ) Attached account (CHQ) Attached account (SAV) Attached account (SAV) Attached account (CR) A	Date lost/stolen Time	Police Report Attached Y N												
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addition	nal cardhold	ler det	ails														
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Member Name									Attached account (CHQ)								
Home Address									Attached accou	unt (SAV)							
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				Postco	de				NOTE: Additional cards can only be issued by authorised signatories of the								
Phone				Mobile					above named account/s. You may elect to add an additional cardholder to your Visa debit card. The person must be over the age of 14. All additional								
Email									cardholders will receive a separate PIN. Please refer to Dnister's Conditions of Use for further information.								
daily lim	daily limit details for additional cardholder																
	Please select the preferred daily EFTPOS and ATM for the additional cardholder. Note that if you do not select an option the Standard Limit will apply.																
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I/We decl	declaration																
have nam actions co check/(s) approved understan and hereb	additional cardholder named in this application, a Visa debit card/(s) to enable me/us to access my/our nominated account(s) with Dnister by electronic means. If I/we have named an Additional Cardholder in this application, I/we acknowledge that I/we am/are solely/jointly and severally liable for all transactions including those actions conducted by the Additional Cardholder on any nominated account/(s). If I/we have selected an approved credit facility, I/we agree to a credit reference check/(s) being undertaken through a credit reporting agency and declare that I/we have a net income in excess of the sum stated in this application. In activating an approved minor Overdraft Limit amount, I/we agree to be bound by the terms of the minor Overdraft Limit Agreement. I/We confirm that I/we have read and understand this application form, the relevant Conditions of Use, Privacy Statement and Product Disclosure Statement, which includes the Fees and Charges Schedule and hereby provide the acknowledgements, consents and authorisations required of me as detailed therein. Upon receipt of the Visa debit card/(s) and PIN/(s), I/we will sign and activate the card/(s) using the instructions provided. Please forward the completed and signed form to Dnister by mail or via the fax number listed. If you have any queries or require further assistance, please contact our member services team.																
addition	nal cardhold	ler															
Full name	е								Signature								
Member	no.			Date	ed												
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