

 Mail the completed form to: **GPO Box 5302, SYDNEY NSW 2001** **OR**  Fax to: **1300 765 150**

CUSTOMER DETAILS

CUSTOMER 1

Customer number (9 digits)

Credit card number

Title

Mr Mrs Miss Ms Other

First name(s)

Surname

Occupation

Job title

Employer's name or nature of business (if self employed)

CUSTOMER 2

Customer number (9 digits)

Credit card number

Title

Mr Mrs Miss Ms Other

First name(s)

Surname

Occupation

Job title

Employer's name or nature of business (if self employed)

CHANGE OF ADDRESS DETAILS

CUSTOMER 1

Residential address (cannot be a PO Box)

 Postcode

Postal address

 Postcode

CUSTOMER 2

Residential address (cannot be a PO Box)

 Postcode

Postal address

 Postcode

CHANGE OF TELEPHONE NUMBERS

CUSTOMER 1

Home phone number

 ()

Work phone number

 ()

Fax number

 ()

Mobile phone number

CUSTOMER 2

Home phone number

 ()

Work phone number

 ()

Fax number

 ()

Mobile phone number

CHANGE OF RESIDENCY (for Taxation Purposes)

Amend residency to

Australia Other Specify country of residence

NOTIFICATION OF TAX FILE NUMBER

CUSTOMER 1

Tax File Number

CUSTOMER 2

Tax File Number

ACCOUNT DETAILS

Which account(s) will this change of details apply to

Banking accounts Credit cards Financial planning

Primary source of funds

Salary credits Centrelink payments Student allowances Investment income

Type of expected activity

TTs in/out Cash deposits Cash withdrawals Cheque credits Clearing cheques Transfers in/out

CHANGE OF NAME

New name

Type of change

Marriage Deed poll

Other name (if provided you will need to provide evidence of your other name)

I would like to change my name on the following card/s. I understand that my existing card will be deactivated once my new card is ordered.

ATM card number

Issue number

Visa debit card number

CHANGE OF CONTACT PREFERENCE

I would prefer the following forms of contact:

<input type="checkbox"/> Phone	Preferred time	AM <input type="checkbox"/> PM <input type="checkbox"/>	Preferred phone number	<input type="text"/>
<input type="checkbox"/> Mail	<input type="text"/>			
<input type="checkbox"/> Email	<input type="text"/>			
<input type="checkbox"/> Other	<input type="text"/>			

CHANGE OF STATEMENT CYCLE

Change statement cycle to

Monthly Six monthly Other Specify

AUTHORISATION

Customer 1 Signature

Date

Customer 2 Signature

Date

Name

Name

Office Use Only

SV Checking officer name Signature Date