

# Macquarie Card Services

## Additional Cardholder Request Form



MACQUARIE BANK  
ABN: 46 008 583 542

Please complete the following form using blue/black ink and block letters and:

**Post:** Macquarie Card Services, PO Box 3665, Rhodes NSW 2138 or

**Fax:** 1300 658 695

For more information, please contact us on:

**Phone:** 1300 150 300

### Primary Cardholder details

Macquarie Card number

Mr  Mrs  Miss  Ms

First name  Middle initial

Surname

Residential address (no PO Boxes)

Unit No.  Street No.

Street name

Suburb

State  Postcode

Daytime contact number  
 (  )

Primary cardholder signature

Date (DD/MM/YYYY)  
 /  /

I authorise the fulfilment of this request to set up the nominated people specified in section 2.

The Primary Cardholder is responsible for all debts incurred by the Additional Cardholder(s). Additional Cards cannot be issued to individuals under 16 years of age.

The Card may be cancelled at any time by phoning Macquarie. This may not be effective until the Additional Card has been surrendered to Macquarie or the Primary Cardholder has taken all reasonable steps to have the Additional Card returned to Macquarie.

Please be advised that card statements will go directly to the Primary Cardholder.

### Additional Cardholder details (No. 1)

Mr  Mrs  Miss  Ms

First name  Middle initial

Surname

Date of birth (DD/MM/YYYY)  
 /  /

For existing Macquarie Bank Customers your Access Code (MAC ID)

Residential address (no PO Boxes)

Unit No.  Street No.

Street name

Suburb

State  Postcode

Mobile phone

Signature

Date (DD/MM/YYYY)  
 /  /

### Additional Cardholder details (No. 2)

Mr  Mrs  Miss  Ms

First name  Middle initial

Surname

Date of birth (DD/MM/YYYY)  
 /  /

For existing Macquarie Bank Customers your Access Code (MAC ID)

Residential address (no PO Boxes)

Unit No.  Street No.

Street name

Suburb

State  Postcode

Mobile phone

Signature

Date (DD/MM/YYYY)  
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