

Macquarie Card Services

Additional Cardholder Request Form

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

Email: **macquariecards@macquarie.com**

For more information, please contact us on:

Phone: **1300 150 300**

1. Primary Cardholder details

Macquarie Card number	<input type="text"/>
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First name	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Residential address (no PO Boxes)	Unit No. <input type="text"/> Street No. <input type="text"/>
Street name	<input type="text"/>
Suburb	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Daytime contact number	<input type="text"/>
Primary cardholder signature	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>

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.

2. Additional Cardholder details (No. 1)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First name	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Other names known by	
First name	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
For existing Macquarie Bank Customers your Access Code (MAC ID)	<input type="text"/>
Do you have an Australian Drivers licence	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	State of Issue <input type="text"/>
	Drivers licence number <input type="text"/>
	Drivers licence card number <input type="text"/>
Residential address (no PO Boxes)	Unit No. <input type="text"/> Street No. <input type="text"/>
Street name	<input type="text"/>
Suburb	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Mobile phone	<input type="text"/>
Email address	<input type="text"/>
Occupation	<input type="text"/>
How have you accumulated your wealth?	
<i>If the Additional Cardholder has not accumulated any wealth in their own right, please select the option which applies to the Primary Cardholder</i>	
<input type="checkbox"/> Savings from employment	<input type="checkbox"/> Business operations
<input type="checkbox"/> Inheritance / gift	<input type="checkbox"/> Foreign income
<input type="checkbox"/> Superannuation	<input type="checkbox"/> Investments
Signature	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>

2. Additional Cardholder details (No. 2)

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
First name	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Other names known by	
First name	<input type="text"/>
Middle name	<input type="text"/>
Surname	<input type="text"/>
Date of birth (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>
For existing Macquarie Bank Customers your Access Code (MAC ID)	<input type="text"/>
Do you have an Australian Drivers licence	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes:	State of Issue <input type="text"/>
	Drivers licence number <input type="text"/>
	Drivers licence card number <input type="text"/>
Residential address (no PO Boxes)	Unit No. <input type="text"/> Street No. <input type="text"/>
Street name	<input type="text"/>
Suburb	<input type="text"/> State <input type="text"/> Postcode <input type="text"/>
Mobile phone	<input type="text"/>
Email address	<input type="text"/>
Occupation	<input type="text"/>
How have you accumulated your wealth?	
<i>If the Additional Cardholder has not accumulated any wealth in their own right, please select the option which applies to the Primary Cardholder</i>	
<input type="checkbox"/> Savings from employment <input type="checkbox"/> Business operations <input type="checkbox"/> Superannuation <input type="checkbox"/> Investments	
<input type="checkbox"/> Inheritance / gift <input type="checkbox"/> Foreign income	
Signature	<input type="text"/>
Date (DD/MM/YYYY)	<input type="text"/> / <input type="text"/> / <input type="text"/>