

coles Credit Cards Additional Cardholder Form

Instructions

1. Primary card holder should complete the Additional Card Request Section (Section 1)
2. Primary card holder may choose to complete the Authority to disclose & maintain section (**Section 2- Optional**)
3. The additional card holder needs to complete the ID Verification Form section and return to any Australia Post that is a Bank@Post, along with required ID documents. They must sign the form in the presence of an Australia Post employee. This is a Legal requirement.
4. The additional card holder request form needs to be sent to: Customer Service
Reply Paid 940
Melbourne VIC 8060

Please note that your additional card will not be issued until steps 1 and 3 (2 is optional) are completed.

Section 1: Additional Cardholder Request

Primary cardholder's details (must be completed)

Title Full name

My Coles Credit Card account number is

Additional cardholder's details

Title Full name

Date of birth (DD/MM/YY)

Relation to applicant: Spouse/partner Relative/family
 Dependant Friend

Residential address (please no P.O. boxes)
Unit Street no. Street name

Suburb State Postcode

Contact telephone number
()

Declaration

Primary cardholder

To Wesfarmers Finance Pty Ltd (ABN 58 601 282 455), I would like to request to add the person named on this form as an additional card holder on my account. I acknowledge that:

1. Each use of the additional card will be subject to my credit contract
2. I will be liable for the use of the additional card and any breach of the credit contract by the additional card holder
3. The information provided in this application is true and correct
4. I have provided the additional card holder with a copy of the credit contract and other information received from Wesfarmers Finance Pty Ltd relevant to their use of the account

Signature Date

Additional cardholder

To Wesfarmers Finance Pty Ltd (ABN 58 601 282 455), I would like to request to become an additional card holder on the above account and I acknowledge that:

1. I've been provided with a copy of the credit contract and understand that each use of the additional card will be subject to the credit contract for the account and I will comply with the terms of the contract
2. The information provided in this application is true and correct
3. I understand that Wesfarmers Finance Pty Ltd collects and uses the information provided about me to facilitate this authorisation. I have read and agree to the Privacy Notice for Coles Credit Cards, available at www.colescreditcards.com.au/privacy

Signature (Additional cardholder) Date

If you would like your additional cardholder to have access to your account information and maintain your account, please also complete Section 2.

Section 2: Authority to disclose and maintain

(Please tick one of the options below)

- Option 1: Authority to disclose information only** - Permits authorised person to obtain information regarding your account/s.
- Option 2: Authority to disclose information and maintain my account** - Permits authorised person to obtain account information and act on my behalf, which includes negotiating with Wesfarmers Finance Pty Ltd and making decisions, which are legally binding upon me.

I authorise:

1. The additional cardholder nominated on this form to request access to my personal information (including credit eligibility information) concerning my account; and
2. Wesfarmers Finance Pty Ltd to disclose my account information to the additional card holder nominated on this form and receive information from them (if option 2 is ticked).

The authority remains in force until I cancel it. This can be done by calling 1300 306 397.

Signature (Primary cardholder) Date

Password (letters only)

Please ensure you inform your additional cardholder that they will be asked to provide information (including their details provided in Section 1 of this form and the password above) to enable us to confirm they are the person authorised to receive information relating to your account.

Identity Verification Form




This form will be used to verify your identity.



*2956 901 02 4 Enter the application/account number from Section A

Complete A and B before you lodge your form.

How to lodge your Application

 At Australia Post

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1. Lodge your form at any post office that has Bank@Post facilities
2. DO NOT complete section C, your signature must be witnessed by the interviewer
3. Identification documents **MUST** be produced and be original and current

Your Identity Document Requirements

You **MUST** supply **ONE** primary document from the list below. If the primary document **DOES NOT** contain a photo or your current residential address, you must **ALSO** supply **ONE** secondary document containing your current residential address.

<p>Primary Identification Documents</p> <ul style="list-style-type: none">• Australian Driver Licence (current)• Australian Learner Permit (current)• Australian Passport (not expired more than 2 years)• Foreign Passport (current)• Proof of Age Card/NSW Photo Card (current and government issued)• Centrelink Pension Card (current)	<p>Secondary Identification Documents</p> <ul style="list-style-type: none">• Utility Bill or Council Rates Notice (less than 3 months old)• Taxation Notice or Centrelink Statement (less than 12 months old)
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Please use **BLACK INK** and print within the boxes in **BLOCK LETTERS**

A. Details of Additional Card Holder (exactly as they appear on the Identification Documents)

Application/Account Number (Refer to your Financial Table or Statement. DO NOT ENTER CARD NUMBER)

Title

First name

Date of Birth

Contact Phone Number

B. Address of Additional Card Holder (must be an Australian address)

Unit Number/Street Number/Street Name

Suburb

State

Post Code

C. Declaration by Additional Card Holder

DO NOT SIGN UNTIL YOU LODGE THIS FORM AT AUSTRALIA POST

Your signature must be witnessed by an Australia Post officer at the time of lodging this form.

I acknowledge that the information on this form is true and correct. The details on this form have been completed by me and not another person.

**Please sign
within the box
and use black ink**



Signature of Additional Card Holder

Date

D. Australia Post use only (Important: Original Documents must be sighted)

I confirm that I have sighted original documentation that verifies the Additional Card Holder's name, date of birth, and residential address as set out on this form.

Post Officer's Name

Post Officer's Signature

Date

Work Centre (or Store) Code

Comments