

When completed, please return this form to: Customer Solutions Department, Wizard Clear Advantage MasterCard, Reply Paid 1818, Melbourne, VIC. 8060. No stamp is required. Or fax it to **1300 369 905**.



## Wizard Clear Advantage MasterCard

### Primary Cardholder's Details

**My Wizard Clear Advantage MasterCard account number**

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**My account is in the name of**

Mr/Mrs/Miss/Ms

My Surname

My Given Name(s)

My Telephone

Home ( )

Work ( )

### Authority to Disclose and Maintain

Please tick one of the options below:

#### Authority to disclose information only

In accordance with section 18N(1)(ga) and 18N(1)(gb) of the Privacy Act 1988, I authorise:

- 1) The person nominated below to request access to information concerning my account; and
- 2) GE Money to act on such request and to disclose information related to my account to the nominated person.

#### Authority to disclose information and maintain my account

In accordance with section 18N(1)(ga) and 18N(1)(gb) of the Privacy Act 1988, I authorise:

- 1) The person nominated below to request access to information concerning my account;
- 2) GE Money to act on such request and to disclose information related to my account to the nominated person; and
- 3) The person nominated below to maintain my account, including to: a) make a change of address and phone numbers; b) request the issue of a new card or activate a card on my account; c) request changes to special promotion details, if incorrect; and d) request fee/charge reversal, if the details are incorrect.

This authority remains in force until I cancel it. I understand that I may cancel this authority at any time by written notification to GE Money with the termination being effective from the date written notification is received by GE Money.

Signature (Primary cardholder)

Date (DD/MM/YY)

### Authorised Person's Details (must be at least 18 years of age)

Mr/Mrs/Miss/Ms

Surname

Given Name(s)

Date of Birth

Password (letters only)

Signature (Authorised person)

Date

**You will be asked to provide information (including the above) to enable us to confirm that you are the person authorised to receive information relating to or to maintain this account.**

### Additional Card Request for the Authorised Person (optional)

#### Primary cardholder's declaration

To GE Capital Finance Australia (ABN 42 008 583 588) trading as GE Money.

I apply to GE Money to add the above authorised person (must be an Australian resident) as an additional cardholder on my account. I acknowledge that:

1. each use of the additional card will be subject to the credit contract for my account;
2. I will be liable for any use of the additional card, and any breach of the credit contract by the additional cardholder;
3. the information provided in this application is true and correct and that no information which is or could be relevant to GE Money granting credit to me has been withheld; and
4. I have provided the additional cardholder with a copy of the credit contract and all other information received from GE Money relevant to his or her use of the account.

#### Additional cardholder's declaration

To GE Capital Finance Australia (ABN 42 008 583 588) trading as GE Money.

I apply to GE Money to become an additional cardholder on the above account. I am an Australian resident and at least 18 years of age. I agree that:

1. each use of the additional card will be subject to the credit contract for the above account; and
2. I will comply with the terms of the credit contract.

I acknowledge that:

- i) the information provided in this application is true and correct and that no information which is or could be relevant to GE Money making me an additional cardholder has been withheld; and
- ii) I have read the Important Privacy Notice provided to the primary cardholder at the time of application.

Signature of primary cardholder

Date

Signature of additional cardholder

Date