



Bank of Queensland MasterCard Application

To apply for a new MasterCard or a limit increase, please complete the entire form. If you already have a MasterCard and only wish to apply for the Top Up facility, please complete sections A, B & H only. Please post completed forms to Bank of Queensland, Credit Cards, Reply-Paid 2258, Brisbane QLD 4001 or return it to your nearest branch.

PART A – Your MasterCard



Please select one of the following:

- 44 interest-free days
(Higher interest rate with an interest-free period of up to 44 days and an annual fee)
- No interest-free days
(Lower interest rate with no interest-free period and no annual fee)

Credit limit requested:

If you're applying for a limit increase, your credit card number:

TOP UP is a service that lets you use your credit card to cover any cheque or periodical payment overdrawings on your nominated savings account. Top Up withdrawals will be treated as cash advances.

Top Up required: Yes No

Please link my credit card to:

Link Account: Acc No.

*One of Choice Account, Ultimate Account, Cash Management Account or Pension Plus Account.

Branch for collection of cards:

PART B – Personal Details

Mr Mrs Ms Other:

Given names:

Family name:

Your current residential address:

State: Postcode: Years there:

Your previous residential address (if current address is less than 2 years):

State: Postcode: Years there:

Date of birth: / /

Home phone no.: ()

Mobile:

E-mail:

Permission to receive marketing material relating to your credit card:
 E-mail Mobile (inc SMS)

Your postal address:

State: Postcode:

Driver's licence no.:

Number of dependants: Ages:

A security password or mother's maiden name
(for identification if card is lost):

Employment Details

Employment status:

Your current occupation:

Employer's phone no.: ()

Name and address of your current employer:

State: Postcode: Years there:

Name and address of your previous employer
(if your current employment is less than 2 years):

State: Postcode: Years there:

Your previous occupation:

If self employed please complete the following:

Business name:
Please advise your accountant we will contact them within 10 working days.

Accountant's name:

Accountant's company name:

Accountant's telephone no.: ()

PART C – Personal Financial Details

INCOME: (please provide proof of income)

Your gross annual income \$

Your gross monthly income \$

Your take home monthly income \$

Your partner's gross annual income \$

Your partner's gross monthly income \$

Your partner's take home monthly income \$

Other regular monthly income \$

ASSETS:

Do you own (or are you repaying) your own home(s)?:

Yes No

Current value of your home(s) \$

Current balance in Bank of Queensland accounts \$

Current balance in other bank accounts \$

Other assets: car, shares, furniture etc (please list)

<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

MONTHLY EXPENSES:

Home loan repayments	\$ <input type="text"/>
Rent/Board	\$ <input type="text"/>
Personal loan	\$ <input type="text"/>
Lease/Hire purchase	\$ <input type="text"/>
Total monthly repayments on Credit Cards/Store Cards	\$ <input type="text"/>

LIABILITIES:

Home loan debt \$

Your home loan provider

	Current Balance Owing	Total Available Limit
1. Credit Card #1	\$ <input type="text"/>	\$ <input type="text"/>
2. Credit Card #2	\$ <input type="text"/>	\$ <input type="text"/>
3. Store Cards	\$ <input type="text"/>	\$ <input type="text"/>

Other loan debts: eg. bike, share portfolio, computer etc.

Loan Type	Loan Provider	
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>

PART D – Additional Cardholder (Must be 16 years of age or over)

Would you like an additional card on the same account?

Yes No

Mr Mrs Ms Other

Date of birth: / /

Occupation:

Given names:

Family name:

Residential address:

State: Postcode:

The primary cardholder will be responsible for liabilities on all cards.

PART E – Transfer your Balance

Please **contact me** to organise a transfer of my existing credit card debt to my new Bank of Queensland MasterCard account.

From: (Bank or financial institution)

PART F – Personal Identification Number (PIN)

Please supply me with a PIN Yes No

PART G – Financial Transaction Reports Act (CTH) (1988) Requirements

I state that: the account is held in the name of a person the account is not held in trust.

Are you known by any other name? Yes No

If Yes, please provide details:

PART H – Please sign here

I have read and understand the information given to the Bank in this application and declare that it is true, complete and correct. If this application is granted, I agree to abide by the Credit Card Conditions of Use.

For Applicants who require Top Up: (as indicated in section A)

I authorise the Bank to draw a cash advance from my credit card account and credit the nominated Link Account with the amount required, to cover any cheque or periodical payment overdrawings from that account, where sufficient available credit exists under my credit card account.

By signing below, I/we have also read and agree to the 'Protection of your privacy' notice contained in this application.

Applicant's signature:

X

Date: / /

Signature of additional cardholder:

X

Date: / /

Office use only

Identification – Has signatory been identified by FTR100 Point Checklist?

Yes No

If No, complete a Customer/Account Establishment – GD99.

Protection of your privacy

Authority for the Bank to obtain certain credit information

To enable the Bank to assess my application for commercial credit or consumer credit, or to review any existing credit by the Bank, I authorise the Bank to obtain:

- from a credit reporting agency a credit report containing personal information about me in relation to consumer credit provided by the Bank (Section 18K (1) (a) of the Act);
- a report from a credit reporting agency containing personal information about me (Section 18K (1) (b) of the Act);
- a report containing information about my commercial activities or commercial credit worthiness from a business which provides information about the commercial credit worthiness of a person in relation to consumer credit provided by the Bank (Section 18L (4) of the Act).

Acknowledgment & authority that credit information may be given to a credit reporting agency

I understand that Section 18E (8) (c) of the Privacy Act allows the Bank to give a credit reporting agency certain personal information about me which I authorise the Bank to do. The information which may be given to an agency is covered by Section 18E (1) of the Act and includes:

- the fact that I have applied for credit and the amount;
- the fact that the Bank is a credit provider to me;
- payments which become overdue more than 60 days;
- advice that payments are no longer overdue;
- cheques drawn by me in excess of \$100.00 which the Bank has dishonoured more than once;
- in specified circumstances, that in the opinion of the Bank I have committed a serious credit infringement;
- that the credit provided to me by the Bank has been discharged.

Authority to exchange information with other credit providers

- In accordance with Section 18N (1) (b) of the Act, I authorise the Bank to give to and obtain from credit providers named in this credit application and credit providers that may be named in a credit report issued by a credit reporting agency information about my credit arrangements. I understand this information can include any information about my credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act 1988.

I agree the information may be given or obtained by the Bank for any of the following purposes:

- to assess an application by me for credit, or for any review of existing credit;
- to assist me avoid defaulting on my credit obligations;
- to notify other credit providers of a default by me;
- to assess my credit worthiness.

Authority to provide information to additional cardholder

In accordance with Section 18N (1) (gb) of the Privacy Act, I authorise the Bank to disclose the following information to the holders of additional cards on my account:

- account balance;
- amount of available credit;
- minimum payment due (if any);
- information relating to transactions on the account.

Application Checklist:

Please be aware you will need to supply:

- Evidence of Income
- Suitable Identification (if not an existing Bank of Queensland customer.)

Please refer to 'How to Apply' section of the website for details of requirements.

BANK OF QUEENSLAND
Credit Cards
Reply-Paid 2258, BRISBANE QLD 4001

1300 55 72 72

www.boq.com.au Bank of Queensland Limited ABN 32 009 656 740

