



Customer Number

Type of package applied for: Tertiary Plus Full-time Part-time Graduate Plus WorkStart Plus International Student

Personal Details

Mr Mrs Miss Ms Other

Surname

First Names

Are you a permanent resident of NZ? Yes No

Residential Address

Mths/Yrs there Post Code

Own Home Renting Boarding With family

Monthly rent or board \$

Postal Address If different from residential Post Code

Previous Address If above residential is less than three years Post Code

Mths/Yrs there Post Code

Home Phone

Mobile Phone

Email

Date of Birth Day Month Year

Number of dependants Ages

Previous/existing bank connections

Branch

Account Number

Identification provided:

One of: Passport Driver's Licence Firearms Licence Student ID Two of: Credit Card Debit Card

IRD Number

Tax status: Resident Exempt - Attach certificate

Non-Resident Country resident of

Course of Study (for tertiary and international student applicants)

Tertiary institution attending

Certificate/diploma/degree studying towards

Year tertiary study commenced

Expected study completion date

Parents/Guardian

Name(s) of parents/guardian

Surname

First Names

Residential Address

Post Code

Home Phone

Email

Student Income

Are you receiving Student Allowance payments?

Yes No Frequency Amount \$ By Cheque Direct credit

Have you applied for or been approved for a Government Student Loan?

Yes Amount applied for \$

Are you receiving any other regular income? (e.g. allowance from parents, part-time job)

Yes No Source Frequency Amount \$ By Cash Cheque Direct credit

## Undertaking (for Tertiary and International Student applicants)

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I understand I have a duty to inform the Bank immediately of any change in circumstances which affects my eligibility to receive a Student Allowance or Government Student Loan.

I am a student studying full-time or part-time at a recognised tertiary institution.

Should the Bank be unable to contact me in the event that I have not kept to arrangements made, you are authorised to contact the Students' Association and/or my parents/guardian and/or the tertiary institution I enrolled at, to divulge to them, or obtain from them, details to assist in establishing contact with me and/or obtaining repayment of liabilities outstanding.

It has been explained to me that unsatisfactory conduct of my account will result in the Bank requesting my overdraft facility be repaid and my account closed.

I undertake to:

- (a) deposit any Student Allowance, Government Loan Scheme payments and any other income I receive into my Tertiary Plus Current Account with the Bank;
- (b) remain within my overdraft facility limit unless prior arrangement has been made. I am aware that failure to do so may result in dishonour of cheques, automatic payments, or retention of my Cashpoint card;
- (c) inform the Bank immediately if I withdraw from tertiary studies or graduate;
- (d) not have another student account with another bank in New Zealand;
- (e) immediately advise the Bank of any cheque accounts, overdraft or loan facilities I have or intend to have with any other bank;
- (f) provide a current contact address during my term time and holidays, or if leaving the country. I will also advise the Bank if my parents/guardian address changes.
- (g) inform the Bank immediately if my intended graduation date changes.

## Declaration (for all applicants)

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I understand and agree that:

- (a) the information provided in this application is true and correct. If the information in this application is false or misleading the Bank may decline the application or cancel the banking package;
- (b) if my application is accepted by the Bank, I will be bound by the terms and conditions of the Tertiary Plus (full- and part-time), Graduate Plus, WorkStart Plus or International Student Package (as applicable);
- (c) the Bank is authorised to use and disclose information about me as set out in the terms and conditions, including making enquiries from any source in relation to my credit and employment. Any personal information will be held and may be accessed and corrected by me in accordance with the Privacy Act 1993.

## Applicant Signature

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.....  
Full name of Applicant

.....  
Signature

Date: ...../...../.....  
Day Month Year

**Thoroughbred Card** (National Bank staff to fax this page plus pages 1 and 4 to 0800 222 520. Send Photo Credit Card forms to Card Operations.)

Please choose:  Visa  MasterCard

Tick your preferred card type:

Standard  
(Tertiary and International applicants maximum \$500 credit limit)

Gold  
(available to WorkStart and Graduate applicants minimum \$7,500 credit limit)

Preferred Credit limit \$ .....  
(any requested credit limit may be subject to amendment by The National Bank)

**Personal Details**

Name to appear on card

How would you like your name to appear on your card? (e.g. Allan Smith or A Smith)

Name and address of nearest relative, or close friend, in New Zealand **not living with you**

Name .....

Address .....

Home phone ( ) ..... Their relationship to you .....

**Your Employment Details** (Graduate Plus and WorkStart Plus applicants only)

Employer's name .....

Occupation ..... Business phone .....

Gross annual income \$ .....

Please attach evidence of income (e.g. recent payslip, Personal Tax Summary).  
These must be originals and can either be posted to us or presented at any branch

How long have you been with current employer? ..... / .....  
Years Months

If less than three years how long with previous employer? ..... / .....  
Years Months

**Your Financial Details** (Graduate Plus and WorkStart Plus applicants only)

Total Assets	Total Liabilities	Annual Income - Before tax
Cash and term deposits \$ .....	Overdrafts \$ .....	Main applicant \$ .....
Other investments \$ .....	Loans/HP \$ .....	
Real estate owned \$ .....	Credit/Store cards \$ .....	
Other assets \$ ..... <small>(e.g. car, shares)</small>	If so, how many do you have? .....	
	Other liabilities \$ .....	

**Options** You can choose from any of the following options

**Your Photo**

Tick here if you would like to have your photo on your card.

Please provide a colour passport photo (45mm x 35mm) which clearly shows your head and shoulders only. Print your name on the back, place it in a small plastic bag or envelope and then attach securely to this form. Please note this photograph will not be returned to you.

**Transfer Your Debit Balance**

Tick here if you would like to transfer a credit card balance from another bank/financial institution to your new card.

If approved, please transfer the debit balance below from my non-National Bank card to my new National Bank credit card account. I understand that The National Bank may choose to transfer less than the nominated amount if it is greater than 95% of the credit limit approved by The National Bank. I understand that if I wish to close the account below, I will need to contact the issuer of the card and arrange closure.

Amount to transfer \$ ..... Card number

Name on card ..... Card provider (e.g. ASB, BNZ, Westpac) .....

## Options continued

### Link your accounts

Tick here if you would like your National Bank accounts linked to your Thoroughbred or Gold Thoroughbred Card.

### Repayment Protection – Protect your monthly repayments with CardCover

Please tick who you want cover for:

Individual applicant       Joint applicants

Details about CardCover can be found in The National Bank credit cards brochure. Your monthly premium is 79 cents (or \$1.29 for joint cover) per \$100 owing (or part thereof) at the monthly statement date. The policy documents detailing the terms and conditions will be sent to you on acceptance of CardCover. You can return these documents within 30 days if you are not fully satisfied.

## Your Declaration – Thoroughbred Card Please read carefully before signing

I understand that the personal information which I provide will be used by The National Bank of New Zealand, part of ANZ National Bank Limited ('the Bank') to consider my credit card application, and if approved, to administer my credit card account and any other banking facilities I may hold with the Bank. Any information I provide will be securely held by the Bank or other companies within the ANZ National Bank Group. I may request access to the information by enquiring at any branch and may also request that it be corrected (a fee may be payable). The Bank may obtain information and make such inquiries about me as it may consider warranted from any source, including credit reference agencies and the Bank's related companies for the purpose of assessing this application. The Bank may disclose information about me to its agents and contractors, its related companies, credit reference agencies and debt collection agencies for the above purposes.

I certify that the information contained in this application is true and complete. I acknowledge that the Bank may cancel or decline my credit card if any of the information provided by me is incorrect. I understand that this application is subject to the Bank's Credit Cards Conditions of Use, a copy of which will be sent if this application is accepted or I can obtain from any branch, and I agree to be bound by those Conditions of Use. I certify, the applicant has reached 18 years of age. I certify that I am not an undischarged bankrupt, or liable under any proceedings under the Insolvency Act 1967 and its amendments.

Signature of Applicant ..... Date ..... / ..... / .....  
Day Month Year

## BANK USE ONLY

Package opened  Tertiary Plus (013)     Part-Time Tertiary (074)     WorkStart Plus (220)     Graduate Plus (051)     International Student (073)

Applicant RM ..... Applicant ID .....

I confirm I have identified the applicant and verified income

Employer verified (for applications over \$10k)

BC Name ..... IN Number ..... Branch Number .....

Approving Officer ..... Approving Officer Signature ..... IN Number .....  
(if different from above)

Approved within discretion     Recommended for approval but outside discretion     Declined     Credit limit checked