

# ANZ Commercial Cards

## Account Maintenance Request Form



This form should be used to maintain account details for Commercial Cards. Commercial Cards include ANZ Visa Corporate Cards, ANZ Visa Purchasing Cards, ANZ Lodged Purchasing Cards and Grandfathered Commercial Cards.

An Authorised Officer is required to sign this form, or a Director if an Authorised Officer is being changed.

### 1. BUSINESS DETAILS

Name of the Business .....

ANZ Customer Number .....

Card account number

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

### 2. CHANGE(S) REQUIRED

- ☐ Increase or decrease the credit limit on an ANZ Commercial Card (complete sections 3 and 8)
- ☐ Change cardholder's name or personal address (complete sections 4 and 8)
- ☐ Change cardholder's monthly purchase transaction limit and/or monthly cash advance limit (complete sections 6 and 8)
- ☐ Change company name
- ☐ Add or remove authorised officer
- ☐ Close an individual card (complete sections 7 and 8)

### 3. INCREASE/DECREASE CREDIT LIMIT

New Credit Limit \$ ..... If this is an increase to the credit limit, approval by a Relationship Manager is required.

### 4. CHANGE CARDHOLDER'S NAME/ADDRESS (Name change not applicable for Lodged Purchasing Cards)

The new card will be sent to the address of the ANZ Commercial Card account.

Current cardholder name ..... New name .....

Card number 

|  |  |  |  |
|--|--|--|--|
|  |  |  |  |
|--|--|--|--|

New personal address .....

### 5. CHANGE CARDHOLDER'S CASH ADVANCE LIMIT AND/OR TRANSACTION LIMIT

(Not Applicable for Lodged Purchasing Cards)

| Cardholder name | Card number   | New cash advance limit* | New transaction limit |  |  |          |          |
|-----------------|---|-------------------------|-----------------------|--|--|----------|----------|
| .....           | <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> |                         |                       |  |  | \$ ..... | \$ ..... |
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|                 |   |                         |                       |  |  |          |          |

\* Must be in \$100 multiples. Cash advance limits are cash withdrawal limits per day and include daily over the counter limits and daily ATM limits. Transaction limits are per transaction.

ANZ Commercial Cards Account Maintenance Request Form (continued)

6. CARD CLOSURE

| Cardholder name | Card number   | Card Destroyed   | Effective Date |
|-----------------|---|--|----------------|
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7. ADD AUTHORISED OFFICERS

1. Please add the following Authorised Officer:

Title ..... First Name .....

Surname .....

Date of Birth 

D

D

M

M

Y

Y

Y

Y

Existing ANZ customer: ☐ Yes ☐ No

ANZ Customer Number .....

Personal Address .....

.....

Business Phone Number ( .... ) .....

Business Email Address .....

.....

Signature .....

Date

2. Please add the following Authorised Officer:

Title ..... First Name .....

Surname .....

Date of Birth 

D

D

M

M

Y

Y

Y

Y

Existing ANZ customer: ☐ Yes ☐ No

ANZ Customer Number .....

Personal Address .....

.....

Business Phone Number ( .... ) .....

Business Email Address .....

.....

Signature .....

Date

8. REMOVE AUTHORISED OFFICERS

1. Please remove the following Authorised Officer:

Authorised Officer Name .....

Existing ANZ customer: ☐ Yes ☐ No

ANZ Customer Number .....

.....

3. Please remove the following Authorised Officer:

Authorised Officer Name .....

Existing ANZ customer: ☐ Yes ☐ No

ANZ Customer Number .....

.....

2. Please remove the following Authorised Officer:

Authorised Officer Name .....

Existing ANZ customer: ☐ Yes ☐ No

ANZ Customer Number .....

.....

4. Please remove the following Authorised Officer:

Authorised Officer Name .....

Existing ANZ customer: ☐ Yes ☐ No

ANZ Customer Number .....

.....

## ANZ Commercial Cards Account Maintenance Request Form (continued)

### 9. AUTHORISATION – MAINTENANCE CHANGES

Authorised Signatory Name .....

Authorised Signatory Name .....

Signature .....

Signature .....

Date

Date

### 10. AUTHORITY

**If the Company has two directors, both must sign below. If the Company has only one Director, the signature must be witnessed.**

I/We hereby authorise the person(s) whose signatures appear in section 2 above to manage and/or operate the Commercial Card program on behalf of the Company. This includes authority to act and contact the Bank on behalf of the company in respect to providing or obtaining information relevant to Purchasing or Corporate cards, requests to change individual card credit and transaction limits, change cardholder details, request additional or replacement cards, and card closures.

I/We understand that this authorisation and the acts of the individuals nominated as Authorised Officers in the performance of their roles will bind the Company. These authorities will remain in force for the duration of the program or until otherwise notified in writing using this form.

I/We hereby declare that I/We have read, understood and will comply with the obligations on me/us which appear in section 5 'Personal Information and your Declaration'.

Signature of Director .....

Signature of Director .....

Name of Director .....

Name of Director .....

Date

Date

In the presence of:

Signature of Witness .....

Date

#### Name and address of Witness

Title ..... First Name ..... Surname .....

Address .....

Witness Occupation .....

**Once this form is complete, please email the scanned form to [companycards@anz.com](mailto:companycards@anz.com).**

### BANK USE ONLY

Customer RM Number .....

IN No .....

Manager Name .....

Signature .....

☐ Yes, the credit limit increase requested has been approved by the Relationship Manager (if applicable).

### 11. PERSONAL INFORMATION AND YOUR DECLARATION

The Company and each of the Principals/Directors authorises ANZ to collect the personal information relating to individuals appointed by the Company as Authorised Officers and understands that this information will be securely held by ANZ Bank New Zealand Limited ('Bank') and, where applicable, may be accessed and corrected under the Privacy Act 1993.

By signing the Authority in section 10 of this form:

The Company certifies that in respect of the personal information of the Authorised Officer/s listed on this form that the individual/s concerned is/are aware or I/we will immediately make them aware of the following:

- ANZ is collecting their information and information about your business in order to process the instruction to appoint them as an Authorised Officer for your companies Commercial Card Account and that without this information ANZ may not be able to do this.
- ANZ may also use and disclose their information for ANZ's internal administration and operations (e.g. market or customer satisfaction research) ANZ may disclose their information to:
  - any agent, contractor or service provider we engage to carry out or assist our functions and activities (including debt collection agencies);
  - an organisation that assists ANZ to identify, prevent or investigate any fraud, unlawful activity or misconduct (or suspected fraud, unlawful activity or misconduct);
  - any third party providing me/us with a product or service in relation to the ANZ product;
  - organisations that are in a product or marketing alliance with ANZ (alliance partners);
  - participants in the payments system (including payment organisations and merchants);
  - and any related entity of ANZ.

The Company understands that ANZ may disclose information to recipients (including service providers and related entities) which are (1) located outside New Zealand and/or (2) not established in or do not carry on business in New Zealand.