

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/Trustee/Partner/Proprietor (Principal) if an Authorised Officer is being changed.

1. Business details

Card account number

<input type="text"/>	X	X	X	X	X	X	X	X	<input type="text"/>
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Please only confirm the first and last four digits of your card account.

2. Change(s) required

- ☐ Increase or decrease the credit limit on an ANZ Commercial Card (complete sections 3 and 10)
- ☐ Change cardholder's legal name or personal address (complete sections 4 and 10)
- ☐ Change cardholder's monthly purchase transaction limit and/or cash advance limit (complete sections 5 and 10)
- ☐ Close an individual card (complete sections 6 and 10)
- ☐ Add or remove Authorised Officer (complete sections 7, 8 and 11)

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 existing cardholder's legal name/address (Name change not applicable for Lodged Purchasing Cards)

This section is used to update an existing cardholders' legal name or address. Ownership cannot be transferred from one cardholder to another.

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

Card number

<input type="text"/>	X	X	X	X	X	X	X	<input type="text"/>
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Please only confirm the first and last four digits of your card number.

5. Change cardholder's cash advance limit and/or transaction limit (Not applicable for Lodged Purchasing Cards)

Cardholder name	Card number (only confirm the first and last four digits of your card number)	New cash advance limit*	New transaction limit
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$
	X X X X X X X X	\$	\$

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

6. Card closure

Cardholder name	Card number (only confirm the first and last four digits of your card number)	Card destroyed	Effective date
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	X X X X X X X X	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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7. Add Authorised Officers (Principal must sign section 11)

1. Please add the following Authorised Officer:

Full legal name			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing ANZ customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ANZ customer number			
Personal address			
<input type="text"/>			
Business phone number			
Business email address			
Signature			
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

2. Please add the following Authorised Officer:

Full legal name			
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>
Existing ANZ customer	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
ANZ customer number			
Personal address			
<input type="text"/>			
Business phone number			
Business email address			
Signature			
Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Remove Authorised Officers (Principal must sign section 11)

1. Please remove the following Authorised Officer:

Authorised Officer name	
Existing ANZ customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANZ customer number	

2. Please remove the following Authorised Officer:

Authorised Officer name	
Existing ANZ customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANZ customer number	

3. Please remove the following Authorised Officer:

Authorised Officer name	
Existing ANZ customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANZ customer number	

4. Please remove the following Authorised Officer:

Authorised Officer name	
Existing ANZ customer	<input type="checkbox"/> Yes <input type="checkbox"/> No
ANZ customer number	

9. Personal information and your declaration

For information about how ANZ collects, handles, uses, and discloses your information, including personal information, please see the ANZ Privacy Statement, available at anz.co.nz/privacy. Our Privacy Statement also contains information about your right to access and seek correction of your personal information.

If you are a representative of an entity collecting identification information on behalf of someone else, please make sure that before you send that information to us, you have consent of each of the proposed cardholders.

By signing the Authority in section 11 of this form:

The Business certifies that in respect of the personal information of the Authorised Officer/s listed on this form that the individual/s concerned are aware or 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 Business 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 Business 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.

10. Authorisation – (sections 1-6 only)

Authorised Officer name
Signature

Date

D	D	M	M	2	0	Y	Y
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Authorised Officer name
Signature

Date

D	D	M	M	2	0	Y	Y
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11. Authority – (sections 7 & 8)

We hereby authorise the person(s) whose signatures appear in section 7 above to manage and/or operate the Commercial Card program on behalf of the Business. This includes authority to act and contact the Bank on behalf of the Business 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.

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

We hereby declare that we have read, understood and will comply with the obligations on us which appear in section 9 'Personal information and your declaration'.

If the Business has two (or more) Principals, at least two must sign below. If the Business has only one Principal, the signature must be witnessed.

Signature of Principal

Signature of Principal

Name of Principal

Name of Principal

Date

Date

In the presence of

Signature of witness

Date

Name and address of witness

Full legal name

Address

Witness occupation

Once this form is complete and signed, email to CommercialCardsMaintenance@anz.com

Bank use only

Relationship Manager name

Signature

Credit limit increase approved amount
(if applicable) \$

Credit limit increase Bizcat application ID
(Business Banking customers only)