

Credit Card Change Customer Details



ANZ Credit Card Account Maintenance, Private Bag 39802, Wellington Mail Centre, Lower Hutt 5045.

DETAILS OF CHANGE

- Change Name
- Change Address/Phone Number

CUSTOMER'S CURRENT DETAILS

Title	First Name(s)	Last Name
Date of Birth	<input type="text"/>	
Residential Address Street	Suburb	
City	Postcode	
Postal Address (if different from above)		
Street	Suburb	
City	Postcode	
Telephone - Home ()	Telephone - Work ()	

CUSTOMER'S NEW DETAILS

Title	First Name(s)	Last Name
Evidence Sighted (if applicable)	<input type="checkbox"/> Marriage Certificate	<input type="checkbox"/> Deed Poll
Residential Address Street	Suburb	
City	Postcode	
Postal Address (if different from above)		
Street	Suburb	
City	Postcode	
Telephone - Home ()	Telephone - Work ()	

ANZ CREDIT CARDS AFFECTED BY THIS CHANGE

Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

CUSTOMER AUTHORISATION

I/We authorise ANZ Bank New Zealand Limited to change my details for my ANZ Credit Card as specified on this form.

Signature	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>
New Signature (if applicable)	Date	<input type="text"/>	<input type="text"/>	<input type="text"/>

BANK USE ONLY

Branch Name	Branch Number	<input type="text"/>	<div style="border: 1px solid black; padding: 10px; text-align: center;">BRANCH STAMP</div>		
Bank Officer's Name	DDI			
Staff Number	<input type="text"/>	Date Received	<input type="text"/>	<input type="text"/>	<input type="text"/>
Authorising Officer Signature					

- Checklist** Fax to 0800 227 010 Update all records for affected card