



Appointment of Authorised Person Form

Please note, all fields are mandatory and need to be completed prior to returning this form.

1. DETAILS OF PRIMARY CARDHOLDER

Name of primary cardholder:	Office Use ONLY
Card number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	RCAO code 240520592626569

2. TYPE OF ACCESS

(Tick one - Enquiry Access only will be given unless you choose otherwise)

Enquiry Access

This will permit the Authorised Person to:

- Obtain Account information only (including access to Account information of any Additional Cardholder)

Limited Access

This will permit the Authorised Person to:

- Make amendments to the Account (update contact details like address, email address and phone number)

- Dispute transactions
- Request a payout figure
- Request a replacement card
- Reissue a card
- Marketing opt in/opt out

- Statement maintenance
 - frequency change
 - change address
- E-Statement opt in/opt out

Duration of Authority: This Authority commences immediately and continues until written notice of revocation of the authority is received.

3. DETAILS OF NEW AUTHORISED PERSON

Your title:	First name:	Middle name:	Last name:
Existing customer: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Date of birth: / /	Mother's maiden name:	Nationality:	
Country of birth:	Occupation:		
Residential address:	Suburb:		
State:	Postcode:	Country:	
Home phone: ()	Mobile:	Email:	

Privacy Consent: By signing this form, the Authorised Person agrees that we may obtain, use and disclose their personal information for the purpose of this authorisation. We may provide the Authorised Person's personal information to related or selected third parties both of which may be in or outside Australia on a confidential basis for the purpose of providing administration or services in respect of this Account. This consent continues beyond the end of any credit obtained from us. For information about privacy please visit our website.

Signature of Authorised Person:

<input type="text"/>	Date: <input type="text"/>
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4. PRIMARY CARDHOLDER'S AUTHORISATION

Name of primary cardholder:
Date of birth: / / Phone number:

Signature of primary cardholder:

<input type="text"/>	Date: <input type="text"/>
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Please mail your completed form to **GPO Box 40, Sydney NSW 2001**. Alternatively you can scan and upload by logging on to Virgin Money Online and going to **Services > Card Services > Document Upload**. Any questions? We're here to help, so just give us a call on **13 37 39**.