

# Application for increased Teachers Credit Card limit

PLEASE USE A BLACK PEN AND BLOCK LETTERS

I apply to increase my Teachers Credit Card limit by \$  to a new limit of \$  (Maximum limit is \$25,000)

## 1. Please tell us about yourself

Title  Mr  Mrs  Ms  Miss Other

First names

Surname

Member no  Date of birth

Marital status

Is your spouse/partner financially dependent on you?

Yes  No  Not applicable

No and age of dependants

Driver's Licence no

Residential address

State  Postcode

No of years and months at address

Postal address (write 'as above' if same as residential)

State  Postcode

Previous address (if current address is less than 2 years)

State  Postcode

No of years and months at address

Home phone

Work phone

Mobile phone

Email

Residential status do you:

Own  Rent  Board  Buying/Mortgage

Name of nearest relative not living with you

Relationship

Residential address of relative

State  Postcode

Contact phone no of relative

## 2. Your employment details and financial position

Occupation

Are you:  Permanent  Temporary  Casual

Name of current employer

Address of current employer

State  Postcode

Length of service - years and months

Employer's phone no

Name of previous employer (only complete if current employer is less than 2 years)

Length of service - years and months

Previous employer's phone no

Are you:  Permanent  Temporary  Casual

### What you own

Property at	Estimated value
	\$
	\$
<b>Motor vehicle(s)</b>	
<b>Make</b>	<b>Rego no.</b>
	<b>Year</b>
	\$
	\$
<b>Total Shares/Savings/Investments</b>	\$
	\$
<b>Total estimated value of all your other assets</b>	\$

### Your fortnightly financial position

Show your total fortnightly Income after tax and attach evidence as applicable (eg payslips, tax statements, rental income, etc) \$  (1)

Show the total of your following fortnightly expenses: (exclude other general living expenses)

- ▶ mortgage/rent/board
  - ▶ personal loan repayments, credit/store cards etc
  - ▶ superannuation, maintenance
- Total \$  (2)

Calculate your fortnightly net disposable income by subtracting (2) from (1).

**Amount left to cover general living expenses and repay this credit card facility** \$

### Other credit card/store cards

Card issuer	Card limit	Balance owing
	\$	\$
	\$	\$

## 3. Additional cards (optional)

I wish to apply for an additional card in the name of:

Title  Mr  Mrs  Ms  Miss Other

First names

Surname

Date of birth  Signature of additional cardholder

Please note, if the additional cardholder is NOT a signatory to another account at Teachers Credit Union it will be necessary for a Document Certification Statement to be completed to verify their identity. Otherwise, please provide details here:

Name of account to which additional cardholder is signatory

Member no

#### 4. Transfer your outstanding balance from another card

Yes. I would like to transfer my balance from another credit/store card.

Amount to be transferred (minimum amount \$500.00) \$

On approval of your Teachers Credit Card you will receive a balance transfer application form to complete and return to us. Subject to your approved credit limit, we will then transfer any outstanding balances to your Teachers Credit Card.

#### 5. Automatic repayment option

Yes. Please arrange for my minimum payment due to be automatically paid monthly from my S1 Everyday Account,

#### 6. Member's declaration

Do you have any interest in any property, partnership, company or trust?

No  Yes details are:

Have you ever been declared bankrupt or had any legal proceedings against you?  No  Yes details are:

#### 7. Please sign here

By signing below I acknowledge I have read and agreed to the declaration and conditions overleaf. Your credit limit will be notified to you on approval of this application for credit.

Signature  Date

#### Privacy declaration

In accordance with the Privacy Act 1988, I understand that the information in this application is collected by Teachers Credit Union Limited, (the Credit Union) to assess my loan application. Without this information, the Credit Union may not be able to consider or approve my application. I may request access to my information from the Credit Union by calling 13 12 21 and if any of my information is inaccurate, I may request that it be corrected. By signing this application form, I agree that the Credit Union may use my information for the purposes stated in the Credit Union's Privacy Policy document and I acknowledge that I have been given and have read a copy of that document.

- I authorise the Credit Union to give information about me (including name, sex, address (and previous 1 address), date of birth, name of employer, driver's licence number, the fact that I have applied for credit and the amount of credit) to a credit reporting agency for the following purposes:
  - to obtain a consumer credit report about me; and
  - to obtain a commercial credit report about me.
- I agree that the Credit Union may exchange information with those credit providers named in this application. I understand that the information exchanged may include anything about my credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to exchange under the Privacy Act.
- I understand that the Credit Union may contact me from time to time by mail or telephone about products and services that may interest me. If I do not wish to receive this information, I can contact the Credit Union to notify them if I do not wish to receive this material at any time.

- I have or will obtain the consent of any third party whose name I have provided in this application and I have notified or will notify the third party:
  - of the Credit Union's name and address;
  - that the Credit Union may use that information to contact him or her in the event that the Credit Union is unable to locate or make contact with me;
  - of the types of organisations that may handle that information on behalf of the Credit Union; and
  - that he or she may gain access to their personal information from the Credit Union.
- The information I have provided is true and correct, to the best of my knowledge. I have never committed an act of Bankruptcy or had any judgements or legal proceedings taken against me, with respect to any debt, with the exception of any particulars noted in the application overleaf.

Important notice to applicants:

If any of the information in your application is false and the Credit Union relies on this to decide to offer you credit you may be in breach of the Consumer Credit Code and liable to a penalty of up to \$5,000.00.

Refer to our Fees and charges brochure for details on fees and charges which may apply.

#### Balance transfer conditions

- In authorising Teachers Credit Union Limited, to transfer any funds to pay an outstanding balance from another credit/store card account(s), it is not the responsibility of Teachers Credit Union Limited, to arrange closure of the account(s). This is your responsibility. Once your balance transfer has been forwarded to the organisation you have nominated, no responsibility will be accepted by Teachers Credit Union for delays in processing the payment.
- Teachers Credit Union may refuse or limit any balance transfer request at its discretion.
- Teachers Credit Union will not process balance transfer requests: for amounts less than A\$500; or for amounts exceeding the available credit limit on your Teachers Credit Card Account; or if your account with Teachers Credit Union Limited, is delinquent.
- Teachers Credit Union will not be liable for any overdue payment or interest incurred on the account when transferring the payment to the organisation nominated. You must pay interest charged by Teachers Credit Union on balance transfers at the applicable Annual Percentage Rate. Interest applies from the date of funding your balance transfer request, until you repay the transferred amount in full.

#### Returning this form



Teachers Credit Union, PO Box 7501, Silverwater NSW 2128



(02) 8887 7602

#### Office use only

Complete appropriate details

Member no

Date loaded