

Please print your details clearly in CAPITAL letters, using a pen

1 Before you start

To apply for a Kiwibank MasterCard® you must:

- Be 18 years of age, be a New Zealand resident and have a good credit history.

We'll assess you for a credit limit based on your financial circumstances. If you're approved for a card, you can ask to change your credit limit at anytime, by calling us on 0800 521 521.

2 Choose your card

Which card would you like to apply for? Please tick one of the options below:

Low Interest Credit Cards



Kiwibank Low Rate MasterCard



Kiwibank MasterCard Gold

Kiwibank MasterCard Zero

Which Kiwibank MasterCard Zero card design would you like?

If you don't choose a card design, you'll receive the "Grass is greener" card



"Grass is greener"



"Hey big spender"



"Dollars and sense"

Are you employed?

- Yes, full-time
 Yes, part-time
 Yes, self-employed
 No, unemployed
 No, retired
 Other

What's your occupation?

Who do you currently work for, and how long have you worked there?

 Name

for years and months

If less than two years, who did you work for before that, and how long did you work there?

 Name

for years and months

What are your phone numbers and email address?

Work 0 Mobile 02

Home 0

Email

3 About you

PSA membership number

If you're already a Kiwibank customer, what's your access number?

What's your name, date of birth and gender?

Mr
 Mrs
 Miss
 Ms
 Other

First names

Last name

Date of birth

Male
 Female

What's your household status?

Individual
 Couple

How many dependants do you have?

Where do you live, and how long have you lived there?

In my own home
 I rent
 With relatives

I board
 In accommodation provided by my employer

Street address

Suburb

Town or city Postcode

for years and months

4 Your contact details

What's your postal address?

The same as my residential address
 The address below

Street or PO Box number

Suburb

Town or city Postcode

In case we need to contact you and you're not available, please provide details of a relative or close friend not living at the same address as you.

Name

What's their relationship to you?

Relationship

What are their phone numbers and email address?

Daytime 0 Mobile 02

Email

Where do they live?

Street address

Suburb

Town or city Postcode

5 Your account options

How do you want your name to be written on your card?

(up to 26 characters long)

6 Joint and additional applicants

Complete this section if you want to jointly own your Kiwibank Credit Card or add an additional cardholder.

I'd like a joint credit card

Each account-holder is responsible for paying any balance owed on the account.

If you don't tick the joint credit card option, you'll be set up as an additional cardholder.

The additional cardholder is not responsible for paying any balance owed on the account.

If you're already a customer, what's your access number?

What's your name, date of birth and gender?

Mr Mrs Miss Ms Other

First names

Last name

Date of birth

Male Female

Where do you live?

The same as the other applicant The address below

Street address

Suburb

Town or city Postcode

What's your occupation?

Are you employed?

Yes, full-time Yes, part-time Yes, self-employed

No, unemployed No, retired Other

Who do you currently work for, and how long have you worked there?

Name

for years and months

What are your phone numbers and email address?

Work Mobile

Home

Email

If you're applying for a Kiwibank MasterCard Zero, which card design would you like? If you don't choose a card design, you'll receive the "Grass is greener" card. See section two for pictures of these cards.

"Grass is greener" "Hey big spender" "Dollars and sense"

How do you want your name to be written on your card?

(up to 26 characters long)

7 Your financial position

We'll use the following information to establish a credit limit for your Kiwibank MasterCard. If it's for you and a joint applicant, enter your combined details unless otherwise stated.

What's the value of the things you own?

Cash and term deposits \$

Home and property (market value) \$

Other investments \$

Other things you own (e.g. car, boat) \$

How much money do you owe on:

Overdrafts \$

Home and property loans \$

Other loans and hire purchase \$

What's your annual income before tax? (Include all income e.g. salary, rent)

From me \$

From joint applicant \$

Other contributors

Is there anyone else who helps pay your monthly expenses? Yes No

Their annual income before tax \$

Their relationship to you

Spouse Partner

How much do you spend each month on:

Rent, board and/or home loan payments \$

Other loans and hire purchases \$

Do you have any other credit cards/store cards? Yes No

How many other credit cards/store card(s) do you have?

What's the total amount you owe on all your credit cards/store card(s)?

\$

What's the total combined limit of your credit card(s)/store card(s)?

\$

8 Some extra features

Manage my statements

Your credit card statements will be sent by post.
If you'd prefer to receive them by email instead, please tick here.
Statements can also be viewed via internet banking at anytime.

Move your balance

You can transfer the balance that you have on other New Zealand credit cards or store cards to your Kiwibank MasterCard for 3.99% p.a. on the transferred balance for the first six months, up to your approved Kiwibank credit limit.*

Card 1

Amount to transfer

\$

Name printed on that card

Name

Account or card number

Issuing bank or store

Name

Card 2

Amount to transfer

\$

Name printed on that card

Name

Account or card number

Issuing bank or store

Name

* The special balance transfer rate applies to the balances transferred from another credit or store card, and is available until further notice for new and existing Kiwibank customers that are also PSA members who fill in this application form to apply for a Low Rate MasterCard or MasterCard Zero. Where you have made more than one balance transfer, payments applied to balance transfers will be applied to the balance transfer with the lowest interest rate first. After six months our standard low interest rates apply. This offer is not available on existing Kiwibank credit card balances.

Interest will be charged on the amount you transfer from the date the transfer is processed. If the amount requested to be transferred exceeds your credit limit, Kiwibank may process a lesser amount up to your credit limit. Please note that Kiwibank has no authority to cancel your other credit card(s). If you would like to cancel these card(s), you will need to contact the issuing bank(s).

Repayment Insurance

Repayment Insurance helps you repay your Kiwibank Credit Card if something unexpected happens, such as:

- Critical illness
- Temporary or permanent disablement
- Death
- Bankruptcy (if you're self-employed)
- Redundancy

Please note that you must be aged between 18 and 65 at the time of application to be eligible for cover. Cover for all benefits, except death, ends at age 65. Cover for death ends at age 75.

How much will it cost?

Premiums are charged to your Kiwibank MasterCard Credit Card account automatically every month, and cost 79 cents (or \$1.29 for joint cover) for every \$100 owing (or part thereof) at the monthly statement date.

Repayment Insurance can be included with your credit card application.

Yes, I need Repayment Insurance. Please select below who needs to be protected:

me only the joint applicant both me and the joint applicant

Or you can confirm that you don't need this protection by ticking the box below

No, I don't need Repayment Insurance

Are you sure?

By declining, you won't be protected in any of the above circumstances, if you're not able to pay your credit card balance.

I understand that:

- No premiums will be charged for the first 30 days of cover (this is a free look period) during which you may cancel the insurance by notifying CIGNA in writing if you decide the policy does not meet your needs.
- Because cover is guaranteed, there are certain exclusions including claims for pre-existing conditions.
- The full terms and conditions of the policy are set out in the policy document. Copies of which are available from any Kiwibank branch or at www.kiwibank.co.nz. Kiwibank Repayment Insurance is arranged by Kiwibank and is issued by CIGNA Life Insurance New Zealand Limited. I/We acknowledge that the completion of this application does not constitute an offer of credit by Kiwibank, and that Kiwibank may reject this application for any reason. I/We confirm that all of the information in this application is true and correct. I/We will notify Kiwibank immediately if there is any change in any information given in this application.

9 Finishing up

I/We acknowledge that Kiwibank will collect and use the information set out in this application for the purpose for which it is provided. Kiwibank will hold the information securely and will only use it in developing and running Kiwibank and/or providing me/us information about products and services that Kiwibank thinks might be of interest to me/us (including from Kiwibank's selected business partners). If I/we ask Kiwibank not to provide me/us with this information, Kiwibank will comply with my/our request. I/We may ask Kiwibank to show me/us the information it holds about me/us and to make corrections to it. I/We agree that Kiwibank or any authorised agent of Kiwibank may collect information from any person who can provide Kiwibank with information that is of relevance to it. I/We consent to Kiwibank giving my/our information to any person who can assist it in developing or running its business.

I/We understand that Kiwibank will credit check me/us. As part of that credit check, Kiwibank will give my/our information to credit reporting agencies, and credit reporting agencies will give my/our information to Kiwibank. Credit reporting agencies will use the information provided by Kiwibank to update their credit reporting databases. When other parties use the credit reporting agencies' services, they will be provided my/our updated information. Kiwibank might use credit reporting agencies' services in the future for purposes related to the provision of credit. For example, Kiwibank may use credit reporting agencies' monitoring services to receive updates if any of the information held about me/us changes. If I/we default in my/our payment obligations to Kiwibank, the default information will be listed on the credit reporting agencies' databases and will therefore be disclosed to other parties when they use the credit reporting agencies' services.

I/We agree that if my/our application does not meet Kiwibank's lending criteria, Kiwibank may forward my/our information to other credit providers.

I/We certify that I am/each of us is 18 years of age or older and not an undischarged bankrupt, subject to a proposal, summary instalment order or the no asset procedure under Part 5 of the Insolvency Act 2006 or otherwise liable under the Insolvency Act 2006, and I/we have not filed a statement of affairs with the Official Assignee, made a proposal to creditors or made an application for a summary instalment order or entry into the no asset procedure under the Insolvency Act 2006.

I/We agree that if Kiwibank accepts this application, Kiwibank's General Terms and Conditions for personal banking and Credit Card Terms and Conditions for personal banking will apply – copies of which are available from your local Kiwibank or at www.kiwibank.co.nz.

My signature

Joint/additional applicant's signature

Today's date



Place your application in an envelope and post it to us free of charge to: Kiwibank Limited, Freepost 161688, PO Box 30025, Lower Hutt, 5040

Bank Use Only

Identification provided by the applicant

Identification provided by the joint applicant

Type	D	D	M	M	Y	Y	Y	Y	Issued
Number	D	D	M	M	Y	Y	Y	Y	Expires
Version									
Type	D	D	M	M	Y	Y	Y	Y	Issued
Number	D	D	M	M	Y	Y	Y	Y	Expires
Version									

Type	D	D	M	M	Y	Y	Y	Y	Issued
Number	D	D	M	M	Y	Y	Y	Y	Expires
Version									
Type	D	D	M	M	Y	Y	Y	Y	Issued
Number	D	D	M	M	Y	Y	Y	Y	Expires
Version									

Special instructions

Accepted by

Staff member's name

Received by

PostShop name/PBU number

Bank stamp