



Business Card (Salary Packaging) Facility Cardholder Application Form

Please complete Application form in full in black or blue pen using CAPITAL LETTERS and **X** where appropriate.

Employer Name

Employer name

Employee Number

Card Type(s) Required

Salary Packaging Card ☐

Meal Entertainment Card ☐

Do you require NAB Internet/Telephone Banking? ☐

Cardholder Details

Title (Mr/Mrs/Ms/Miss/Dr/Prof)

Surname

First name

Middle name(s)

DOB (DD/MM/YYYY)

Are you an existing NAB customer? Yes ☐ No ☐

Residential address

Suburb

State

Postcode

Postal address (Leave blank if same as above)

Suburb

State

Postcode

Cardholder Consent

To National Australia Bank Limited

I, am the person named above as Cardholder:

- (consent to issue of card)** I consent to the issue of a card of the card type selected above ("Card") in my name. I understand I am authorised to use this Card on behalf of the Customer named above for salary packaging purposes. I acknowledge that any use of the Card will be governed by Conditions of Use which will be provided with the Card.
- (my personal information)** I acknowledge that details about NAB's treatment of my personal information, including how I may gain access to that information, are set out in NAB's Privacy Notification, a copy of which will accompany the Card (I may also download this document at national.com.au).
- (authority to disclose to AccessPay Pty Ltd)** I authorise NAB to disclose to the Customer named above and AccessPay Pty Ltd (AccessPay) and authorise the Customer and AccessPay to seek from NAB information relating to my use of the Card (including any information relating to any transactions I carry out or attempt to carry out with the Card) for the purposes of salary sacrifice administration and management. This authority is given in addition to the matters set out in the NAB Privacy Notification. I understand that if I have any questions or concerns about how the Customer or AccessPay uses or discloses information about me provided to them by NAB I should discuss this with the Customer or AccessPay.

Cardholder Signature

Date

X

/ /

Employer Use Only

Customer Authority

The Customer hereby requests issue of a Card/s to the Cardholder named above pursuant to the Customer's NAB Business Card (Salary Packaging) Facility Terms and Conditions ("Facility") agreed between NAB and the Customer. The Cardholder's signature is verified and Cardholder Request approved.

Signed for and on behalf of the Customer:

Authorised Signature/s

Print Name

Date

X

/ /

Certificate of identity under Regulation 5 Financial Transaction Reports Act 1998 ("FTR Act")

I declare that I am an authorised Verifying Officer for the Customer referred to above in relation to the Facility. In accordance with the FTR Act I certify that the Cardholder whose details are completed above is authorised by the above Customer to be a signatory to the Facility.

Verifying Officer's Signature

Print Name

Date

X

/ /

Verifying Officers: Public Authorities and Incorporated Bodies as defined under the FTR Act (these include incorporated associations and proprietary companies that have traded for a continuous period of two years, or maintained an account with a financial institution for a continuous period of two years) may nominate a Verifying Officer under the FTR Act.

When completed send to: Salary Packaging Manager, AccessPay GPO Box 1238 Adelaide SA 5001

AccessPay Use Only

Date Application Received	Date Submitted to NAB							Date Card Number Received						
Card Number – Threshold Card	4	5	5	7	0	4								
Card Number – Meal Card	4	5	5	7	0	4								