

AUTHORITY TO DISCLOSE AND MAINTAIN – Authorised Person(s)

Please tick one of the options below

Authority to disclose information and maintain account
 In accordance with section 18N(1)(ga) and section 18N(1)(gb) of the Privacy Act 1988 I authorise:

- 1) The person nominated below to request access to information concerning my Account
- 2) GE Money to act on such request and to disclose information related to my account to the nominated person and
- 3) The person nominated below to maintain my account including
 - a. Make a change of address and phone numbers b. Request the issue of a new card or activate a card on my account
 - c. Request changes to special promotion details if incorrect d. Request fee/charge reversal, if the details are incorrect

Authority to disclose information only
 In accordance with section 18N(1)(ga) and section 18N(1)(gb) of the Privacy Act 1988 I authorise:

- 1) The person nominated below to request access to information concerning my account and
- 2) GE Money to act on such request and to disclose information related to my account to the nominated person

This authority remains in force until I cancel it. I understand that I may cancel this authority at any time by written notification to GE Money with the termination being effective from the date written notification is received by GE Money.

Account holder details

My Card Number is

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Title	Given name(s)	Surname
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Unit/Number	Street name	Suburb
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
State	Postcode	Daytime phone number
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Authorised Person(s) (Must be at least 18 years of age)

Mr/Mrs/Miss/Ms	Given Names	Surname	Date of Birth	Password (letters only)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Account Owner's Signature

_____ Date: / /

Signature of Authorised Person

_____ Date: / /

Please ensure you inform the above authorised persons that they will be asked to provide information (including the above) to enable us to confirm that they are the person authorised to receive information relating to your account.