

The HSBC American Express® Gold Credit Card

Give your loved ones the PRIVILEGES OF MEMBERSHIP WITH A SUPPLEMENTARY CARD

Supplementary Card Application Form

To apply for a Supplementary HSBC American Express Gold Credit Card please complete this form and return to **Freepost 1588, American Express International (NZ), Inc. PO Box 4005, Auckland 1015** or fax to **0800 372 458**.

If you require any assistance to complete this form, or require further supplementary applications, please contact American Express Credit Card Services on 0800 656 660 Monday-Friday, 8.00am-6.00pm.

Declaration

Important: The Basic Cardmember and Supplementary Card Applicant must read the information and sign below.

To American Express International (NZ), Inc.:

1. Basic Cardmember

I request you to issue the Supplementary Card(s) specified in the application, and I declare that:

- The information I have given on this application is true and complete and I authorise you to check that information. I acknowledge that you rely on this information to consider this application;
- I am financially solvent and able to pay all my debts as they fall due;
- I understand and agree that I will be liable for all charges on the Supplementary Card(s). This includes charges incurred at any time until each Card is cut in half and returned to American Express and no longer used;
- You may produce this application or a copy or other reproduction of it as evidence of this application for the Supplementary Card(s) and my agreement to this Declaration.

2. Supplementary Card Applicant

Authority to American Express International (NZ), Inc. under the Privacy Act:

I agree that, subject to the Privacy Act, you and your agents may do the following (and providing this application is approved, this agreement continues until such time as the Account is closed and any credit is repaid):

- Obtain credit reports about me from credit reporting agencies to confirm my identity and to assess this application, and from a business that provides commercial credit worthiness information.
- Verify with the LTNZ, driver's licence and car registration information provided by me.
- Provide any organisation whose name, logo or trademark appears on my application or on the Card issued to me for marketing, planning, product development and research purposes and seek from and exchange with such organisations personal information about me.
- Use personal information for marketing purposes. This includes putting my name and contact details on marketing lists for the purposes of customer research and offering me goods or services of an American Express company or of any third party acting on behalf of American Express, by mail, email or telephone or having your related companies do so directly. After approval of this application, I understand that I can call 0800 656 660 to remove my name from your marketing lists. I acknowledge my request may take 6-8 weeks to be processed.
- Transfer personal information confidentially to your related companies and other organisations which issue or service American Express Cards or provide services to you, subject to appropriate conditions of confidentiality. This includes transferring personal information to the USA or other countries for data processing and servicing.
- Monitor and record my telephone conversation with you from time to time for training, quality control or verification purposes.

If I believe that any information you hold about me is incorrect, I will write to your Privacy Officer at American Express International (NZ), Inc., P O Box 4005, Auckland 1015.

Supplementary Card Fees

If one or more Personal Supplementary Cards are approved and issued in connection with this application, I agree to pay an Annual Card fee of \$20 for each Supplementary Credit Card after the first year.

Signature of Basic Cardmember

X _____ Date DD / MM / YY

Signature of Supplementary Card Applicant

X _____ Date DD / MM / YY

By signing above I/We certify that I/We have read and agreed to the declaration above with respect to Supplementary Cardmembership.

Basic Cardmember Details

Surname

First Name

Middle Initial

My HSBC American Express Gold Credit Card number is

3 7 7 4 | _____

Date of Birth DD / MM / YY

The Basic Cardmember has known the Supplementary Card

Applicant for: 6-12 Months 12 Months or more

Supplementary Applicant Details

Mr Mrs Ms Miss

Surname

First Name

Middle Initial

Relationship to Basic Cardmember

Home Address

Postcode

Home Phone No.

Name to appear on Supplementary Card

Date of Birth DD / MM / YY

Confirmation of Identity

For your security and to meet legal requirements, we need to verify the identity of all Cardmembers. To assist in this process we require your NZ Driver's Licence Number and/or Car Registration Number if held.

NZ Driver's Licence No.

(Field 5a on your Licence)

(Field 5b)

Car Registration No.

Note: Your NZ Driver's Licence No. and Car Registration No. will be verified with the LTNZ for confirmation of identity.

Please note, American Express may need to contact you to gather additional information to verify your identity.

The Basic Cardmember and Supplementary Card Applicant must read and sign the declaration on the right, then return to the address or fax number above.