

Application for a Personal Visa Debit Card

**Account
Owner
Details**

Title	Given name(s)	Surname	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address (*no PO Box please*)

<input type="text"/>
City/Town

Home phone no .	Work phone no .	ID Type & Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and address of your current employer

Name
Address
City/Town

Please issue the Visa Debit Card to my nominated transaction account:

The Bank is hereby authorized to charge the account nominated above for any debits and charges initiated or incurred by me in relation to the use of the Card issued pursuant to this application in any Electronic Funds Device and as approved by the Bank from time to time. I acknowledge that should this application be approved, the Card will be governed by the Deposit Account Terms and Conditions and Customer Service Fees and Charges brochure which will accompany the Card or can be accessed electronically via the Westpac Fiji website www.westpac.com.fj

Privacy Consent

By signing below, you consent to us collecting and holding any sensitive information such as health information or information about your racial or ethnic origin which appears on copies of your identity documents. You will not be able to withdraw your consent to Westpac holding this information after it has been provided where Westpac is required to retain copies of identification documents to meet verification of identity requirements under legislation or prudential standards. If you do not provide your consent, we may not be able to proceed with your application or provision of a product or service. All personal information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available <https://www.westpac.com.fj/privacy-policy/> or by calling us on 132 032 or from outside Fiji: (679) 3217 800 or visiting us in branch.

Branch card will be collected from:

Signature

Date

Bank Use Only

Branch Customer ID

Signature verified

Bank Stamp

All details Confirmed?

Fee Waiver Applicable

Application ☐ Annual ☐

Reason: _____

Checking Officer (Name & Signature)

Authorizing Officer (Name & Signature) Date

Card number