THE AIR NEW ZEALAND AMERICAN EXPRESS PLATINUM CREDIT CARD SUPPLEMENTARY APPLICATION FORM

To apply for a Supplementary Card, please mail this application to **Freepost 1588, American Express International (NZ), Inc., P O Box 2285, Shortland Street, Auckland 1140,** or fax to **09 583 8105.**

Basic Cardmember's Name s/c: 1L7039KA01

Surname

First Name Middle Initial

My American Express Card number is

3 7 7 4

Date of Birth D D / M M / Y Y

Supplementary Applicant Details

The Basic Cardmember has known the Supplementary Card Applicant for:

☐ 6-12 Months ☐ 12 Months or more

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 D D / M M / Y Y

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 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.

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 applicaion, 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 personal information to 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 263 936 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 conversations 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., PO Box 4005, Shortland Street, Auckland 1140.

Signature of Basic Cardmember

✗ Date / /

Signature of Supplementary Card Applicant

✗ Date / /

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

www.americanexpress.co.nz

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