



Credit Limit Increase Application

1. Applicant Details

Account Name (exactly as it appears on the card)

Credit Card Account Number

Date of Birth (DD/MM/YYYY)

2. New Limit

New Credit Limit Request Amount

\$, .00

Reason for Increase (eg. travel)

Your application is subject to ANZ credit assessment procedures. If you do not meet the criteria for the new credit limit amount requested, ANZ may determine a different credit limit increase amount.

3. Employment Details (ANZ may verify your employment details and income with your employer or accountant)

Are You Self Employed?

Yes No

Your Occupation

Employer's Name/Accountant's Name (if self employed)

Employer's/Accountant's Phone No.

Time in Current Employment

Yrs Mths

Time in Previous Employment

Yrs Mths

Employer's Address

Number

Street Name

Suburb

State

Postcode

4. Financial details (Please only complete the relevant fields using whole dollar amounts)

Salary/Income

Gross Monthly Salary

\$, .00

Other Gross Monthly Income (rent etc)

\$, .00

Please attach proof of income (eg. pay slip)

Bank Deposits/Savings

Balance of ANZ Accounts

\$, .00

Years Open

Balance of Other Accounts

\$, .00

Years Open

Total Other Assets (motor vehicle etc)

\$, , .00

Residential Status (Please mark with an X)

Home Owned/Being Purchased

Renting

Living with Parents

Value of Property

\$, , .00

Amount Owning

\$, , .00

Your share of Monthly Repayments

\$, .00

Other Loans/Facilities

Total Borrowings

\$, , .00

Total Amount Owning

\$, , .00

Your share of Total Monthly Repayments

\$, .00

Credit Card(s)/Store Card(s)

Total Limit

\$, , .00

Total Amount Owning

\$, , .00

Your share of Total Monthly Repayments

\$, .00

Living Expenses

Your share of Monthly Rent /Board(exclude mortgage)

\$, .00

Your share of Monthly General Living Expenses (eg. bills, transport)

\$, .00

Number of Dependents

5. Declaration and Signature

By signing the space below I consent to the credit limit on my credit card account being increased to the requested limit or a lesser limit determined by ANZ. I confirm that I can repay this increase in credit without substantial hardship. I have read and understood this application and declaration. I acknowledge that all information provided in this application form is true and correct.

Applicant's Signature

Date (DD/MM/YYYY)

Please deliver completed form to any ANZ branch, fax to **Melbourne 03 9601 1531** or mail (no stamp required) to: REPLY PAID 65798, ANZ Card Operations, Locked Bag 10, Collins Street West Post Office, Melbourne VIC 8007