# To apply for the HSBC Gold Credit Card, simply complete and return this application form ■ Please use BLOCK CAPITALS in blue or black ink and ensure you complete all relevant sections. ■ If you have any questions, simply contact American Express® on 0800 656 660.

SECTION 1 – YOUR PERSONAL DETAILS	SECTION 4 – YOUR CONTACT DETAILS				
How would you like your name to appear on your new Credit Card?	Home Telephone No. (				
Maximum of 20 characters, including spaces. (Please spell your last name in full.)					
Customer No.	Mobile Telephone No. Email Address				
	If you wish to receive changes to Product Terms and Conditions, marketing and other communications				
Tale Ma No. Marco Ma Do	from us via email, please provide your email address.				
Title Mr Mrs Miss Ms Dr First Name					
Middle Name	Please \( \sigma \) tick if you would like to receive an email notification to view your statement online and not receive your statement by mail.				
	SECTION 5 – SUPPLEMENTARY CARD WITH NO ANNUAL CARD FEE				
Surname	Any family member, including spouse or de facto partner, over 18 years of age can apply.				
	The Basic Card Applicant has known the Supplementary Card Applicant for:				
Date of Birth (You must be over 18 years to apply.)	6-12 Months 12 Months or more				
Have you ever been an American Express Cardmember?	Please provide the Supplementary Applicant's name as you would like it to appear				
Present Former Never Never	on their new Credit Card.  Maximum 20 characters, including spaces. (Please spell their last name in full.)				
If present or former, please provide your American Express Card No.	Waxiiiuiii 20 Cilal acters, iiiciuuliig spaces. (i lease speil tileli last lialile iii luii.)				
3 7 – –					
Please ✓ tick if you would like to cancel your existing American Express Credit Card and have the balance transferred to your new Credit Card upon approval.	Title Mr Mrs Miss Ms Dr First Name				
For your security and to meet legal requirements, we need to verify the identity of all	THSE WAITE				
Cardmembers. To assist in this process we require your NZ Driver's Licence Number and/or Car Registration number if held, this will be verified with the LTNZ.	Middle Name				
NZ Driver's Licence No.					
(Field 5a on your Licence) (Field 5b)	Surname				
Car Registration No.					
Please note, American Express may need to contact you to gather additional information to verify your identity.	If the Supplementary Applicant is an existing American Express Cardmember please provide their Card No.				
SECTION 2 – YOUR HOME DETAILS	3 7 – –				
Current Residential Address (Please do not provide a PO Box.)	Their Current Residential Address (Please do not provide a PO Box.)				
Unit No. House No.	Unit No. Street Name				
Street Name	dictivant				
	Suburb				
Suburb					
	City				
City	Postcode (required)				
Postcode (required)	Home Telephone No. ( ) -				
Your Residential Status: Own Mortgage Rent Living with Parents	Their Date of Birth D D M M Y Y (must be over 18 years old)				
How long have you lived at your current address?					
SECTION 3 – YOUR EMPLOYMENT DETAILS	NZ Driver's Licence No. (Field 5a on your Licence) (Field 5b)				
(Must earn over \$35,000 p.a.	Car Registration No.				
Your annual salary before tax \$ , , to apply.)	Note: Your NZ Driver's Licence No. and Car Registration No. will be verified with the LTNZ for				
Your Employment Status Employed Self-employed Retired Your Occupation (e.g. Accountant)	confirmation of identity.  Relationship to				
Tour occupation (e.g. Accountant)	Basic Card Applicant				
Name of Employer or Name of Your Business					
	SECTION 6 – MEMBERSHIP REWARDS® PROGRAMME				
Nature of Business (e.g. Legal)	Membership Rewards (\$30 first year, \$50 p.a. thereafter) \$1 spend = 1 Membership Rewards point. Fees apply and will  MR: BØØMFDM				
	appear on your first statement. See Declaration overleaf for details.				
Time with Employer Y Years M M Months					
Work Telephone No. ( 0 ) -	PLEASE SIGN				
Business Address, Street Name	By signing below, I/We acknowledge that I/We have read and agreed to the Declaration overleaf.				
	I authorise my accountant or employer to give information to American Express to confirm my address /				
	employment / income and I understand a copy of this authorisation may be given for that purpose.  Basic Card Applicant's Signature  Date of Signature				
Suburb	Date of Signature				
City					
Postcode (required)	Supplementary Card Applicant's Signature  Date of Signature				
Accountant's Name (if self-employed)	X DDMMYY				
We need this to verify your employment details. By providing this information, you are agreeing for your accountant to give your details to American Express.					
Accountant's Telephone No.					

Please return the application form by

FAX to 0800 372 458 or POST to American Express International (NZ), Inc. Freepost 1588, PO Box 2285, Shortland Street, Auckland 1140. (No postage required).

Please ensure that the application is only sent once. Once your application has been received, you will hear back from us within 10 days.

Pct: 451MC8ØØGP	URN:	SC: Ø5Ø162RØØ1	CIDB:	CIDS1:	Del: Nor	Prod: 1Ø2	Office use only
ATI: NZAØ3	SPID: Ø1H	Cnty: 884	Proc: 3	Fee: 2	Bill: A	Rev:	J

### **DECLARATION**

#### IMPORTANT: THE BASIC CARD APPLICANT AND EACH SUPPLEMENTARY CARD APPLICANT MUST READ THE INFORMATION AND SIGN OVERLEAF.

#### TO AMERICAN EXPRESS INTERNATIONAL (NZ), INC:

By signing on the previous page, I the Basic Card Applicant request you to issue me with the Credit Card(s) specified in the application, and I declare that:

- the information I have given on my application is true and complete and I authorise you to check that information. I acknowledge that you rely on this information to consider my application;
- . I am financially solvent and able to pay all my debts as they fall due;
- if my application is approved, I will comply with the Card Conditions and Financial Table that you will send me with the Credit Card and will pay all fees and charges referred to in the Financial Table:
- if I already hold an American Express Credit Card you can cancel this Card and transfer the balance to the new Credit Card specified on this application upon approval;
- I understand and agree that I will be liable for all charges on the Basic Credit Card, all Supplementary Credit Cards and any Additional Cards. 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 my application for the Credit Card and my
  agreement to this Declaration.

#### PRIVACY AND PERSONAL INFORMATION

In this section 'personal information' means information about you and any Supplementary Card Applicant, including financial circumstances, credit worthiness, credit history, credit standing, credit capacity, use of the Card and conduct of the Account and 'organisation' means the organisation, if any, whose name, logo or trademark appears on your application or the Card issued to you.

To confirm your identity and the identity of any Supplementary Card Applicants, and to assess your application, and, if it is approved, to establish and manage your Card Account, American Express International (NZ). Inc. needs to:

- collect personal information about you and any Supplementary Card Applicants in this application form and from other sources, and
- obtain your agreement and the agreement of any Supplementary Card Applicants in relation to using this personal information.

If you or any Supplementary Card Applicants do not provide the information requested or give your agreement below, we may decline your application.

#### 1. Basic Card Applicant

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

- Obtain credit reports about me at any time during the course of our relationship from credit reporting agencies or from a business that provides commercial credit worthiness information. This is for the purposes of:
  - confirming my identity;
  - assessing this application by me for credit;

- assessing my credit worthiness;
- your approval and authorisation processes as to any transactions I wish to make with the Card;
- my eligibility for any card upgrades or credit offers being made by you; and
- your administration of my Account.
- Verify with the LTNZ, driver's licence and car registration information provided by me.
- Disclose personal information to credit reporting agencies and the organisation before, during or after providing credit to me. This includes, but is not limited to:
  - the fact that I applied for a Card, and the credit limit, and that you are a credit provider;
  - advice about Card payments which are in collection (and advice that payments are no longer overdue);
- advice that cheque(s) drawn by me, or direct debit requests to my bank account which I have authorised you to make have been dishonoured:
- your opinion that I do not intend to meet my credit obligations; and
- that credit provided to me has been paid or otherwise discharged; and
- sharing my Card application and whether it was successful.
- Seek from and exchange personal information with the organisation and credit providers named in this application or in a credit report issued by a credit reporting agency.

This is for purposes including but not limited to:

- assessing my credit worthiness, this application and any subsequent application by me for credit;
- notifying other credit providers of a default by me;
- exchanging information about my Card Account where I am in default:
- your approval process as to any transactions I wish to make with the Card; and
- your administration of my Account.
- Exchange personal information with any person whose name I
  give you from time to time. This includes, for example, for the
  purpose of confirming my employment and income details with any
  employer, landlord/mortgagee, accountant, financial adviser or tax
  agent named in this application.
- If I am in default under my Card Account, notify and exchange personal information with your collection agent.
- Exchange personal information with the organisation for marketing, planning, product development and informational purposes including for the administration of a rewards programme, if any.
- 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 conversations with you from time to time for training, quality control or verification purposes.

I also agree that where I have provided you with information about another individual in this application form, I will make sure that the individual is aware of:

- My supplying their information to you and the purposes why you have collected the information.
- Their ability to access that information in accordance with the Privacy Act (and to advise you if they think the information is inaccurate, incomplete or out-of-date).
- · The contact details of your Privacy Officer.

#### 2. Supplementary Card Applicant

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; and
- verify with the LTNZ, drivers licence and car registration information provided by me.

#### **Contacting our Privacy Officer**

In accordance with the Privacy Act, you can access personal information about you held by us, and advise if you think it is inaccurate, incomplete or out-of-date.

To arrange access to personal information about you, or enquire generally about privacy matters, write to — The Privacy Officer, American Express International (NZ), Inc., PO Box 4005, Shortland Street, Auckland 1140.

## TRANSFERS FROM A NEW ZEALAND ISSUED AMERICAN EXPRESS CREDIT CARD.

If you hold an existing American Express Credit Card, upon approval of this application, your existing Credit Card will be cancelled. You will not be able to hold both Credit Card accounts simultaneously. Any outstanding balances, including previous balance transfers on the existing Credit Card will be transferred to the new Credit Card. From the date of transfer, these balances will attract the standard interest rate applicable to the new Credit Card. Any promotional Balance Transfer interest rate will not apply to these balances.

#### AMERICAN EXPRESS MEMBERSHIP REWARDS® PROGRAMME

Enrolment and participation in Membership Rewards is subject to the Membership Rewards Terms and Conditions and partner terms and conditions. An annual Membership Rewards fee of \$30 applies in the first year, reverting to \$50 p.a. for each year thereafter. Only purchases are eligible for Membership Rewards points. Membership Rewards points do not expire while your Account is in good standing. A fee may be applicable for participation in partner airline programmes. A transfer fee of \$35 per transfer of points to one of our airline partner programmes will apply.

#### ANNUAL CARD FEES

- The annual \$90 Card fee has been waived for the first year only; and
- Where applicable, the annual \$20 Supplementary Card fee has been waived for the first year only.

American Express credit approval criteria applies. Subject to Terms and Conditions. Fees and charges apply. All Interest Rates are quoted as an Annual Percentage Rate. All information is correct as at 20 April 2009 and is subject to change.

#### PLEASE RETURN YOUR SIGNED FORM EITHER BY:

- post to American Express International (NZ), Inc. Freepost 1588 (no postage required), PO Box 2285, Shortland Street, Auckland 1140 or
- fax to 0800 372 458



