



MasterCard Credit Limit Increase

For any enquiries contact us on **1300 654 998** Mon to Fri 8am-8pm or Sat 9am-5pm (Melbourne time).
Mail to Account Origination, ME Bank, Reply Paid 1345, Melbourne VIC 8060
Fax to (03) 9605 6680
Visit mebank.com.au

Please note, once this application has been processed, you will need to wait a minimum of **nine months** before applying for any further limit increase.

For faster approval, please include the documents listed below with your application

Application must include proof of all income - payslip, group certificate, most recent tax return if self-employed, rental agreement, etc. (*notice of assessment is not sufficient*).

Primary cardholder details

Card number (same as account number)	Requested credit limit (maximum \$15,000)		
<input type="text"/>	\$ <input type="text"/>		
Title (Mr/Mrs/Miss/Ms/other)	Surname	Given name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of birth	Number of dependants	Age of each dependant	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home phone	Work phone	Mobile	
(<input type="text"/>) <input type="text"/>	(<input type="text"/>) <input type="text"/>	<input type="text"/>	
Residential address (P.O. Box addresses are not acceptable)			
<input type="text"/>		State <input type="text"/> Postcode <input type="text"/>	
How long have you lived at this address?	Email address		
<input type="text"/> years <input type="text"/> months	<input type="text"/>		
Union name	Union membership number	Super fund name	Super fund membership number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Employment details

Your current employment details (please tick one)

Full time Part time Casual Home duties Retired Self-employed Student Unemployed

Occupation (e.g. builder, mechanic, nurse)

Employer's name (company name)

Employer's address (P.O. Box addresses are not acceptable)

State Postcode

Employer's contact number (mobile number not accepted) ()

How long have you worked there? years months *Please advise your employer that we will contact them to verify your income.*

If self-employed

Business name

ABN

Duration years months

Accountant's name and address (P.O. Box addresses are not acceptable)

State Postcode

Accountant's contact number (mobile number not accepted) ()

Please advise your accountant that we will contact them to verify your income.

Income details

Gross annual salary/wages (before tax)	\$ <input type="text"/>	
Annual overtime income	\$ <input type="text"/>	
Other annual income (e.g. Centrelink benefits)	\$ <input type="text"/>	Specify type <input type="text"/>
Other annual income (e.g. child support)	\$ <input type="text"/>	Specify type <input type="text"/>
Annual rental income	\$ <input type="text"/>	
Total gross annual income	\$ <input type="text"/>	Have you ever been declared bankrupt? <input type="checkbox"/> Yes <input type="checkbox"/> No

Financial position

Assets (What do you own? If owned jointly - your share.)

Real estate (please supply the address)

<input type="text"/>	State	Postcode
<input type="text"/>	State	Postcode

Value

\$ \$

Savings or deposit accounts (please provide the name of financial institution)

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

Balance

\$ \$

Other assets (please describe e.g. household contents, motor vehicle, superannuation)

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

Value

\$ \$

Liabilities (What do you owe? If owed jointly - your share.)

Home loans (please provide the name of financial institution)

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

Monthly payment

\$ \$

Amount owing

\$ \$

Personal loans (please provide the name of financial institution)

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

Monthly payment

\$ \$

Amount owing

\$ \$

Credit/Store cards (please provide the name of financial institution)

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

Credit limit

\$ \$ \$ \$

Amount owing

\$ \$ \$ \$

Overdrafts (please provide the name of financial institution)

<input type="text"/>

Credit limit

\$

Amount owing

\$

Other liabilities (e.g. HECS/HELP, car leases)

<input type="text"/>

Monthly payment

\$

Amount owing

\$

Ongoing expenses:

• **Living expenses** (e.g. insurance (medical, vehicle etc.), utilities, phone/internet, medical, rates, travel (vehicle running costs, public transport etc.), education/childcare, food, clothing, entertainment)

Monthly payment

\$

• **Rent/Board**

\$

• **Other expenses** (e.g. child support, voluntary super contributions, gifts)

\$

Privacy Notice

I understand and agree that:

- ME Bank is collecting my personal information in order to assess my application. I acknowledge that my personal information may be used and disclosed to third party service providers for these purposes and that without this information, Members Equity Bank may not be able to consider or approve my application.
- ME Bank also collects and uses information about my super fund/union membership to assist ME Bank to provide benefits for members of participating super funds and unions and for market research and product development
- Where permitted by the Privacy Act, ME Bank may:
 - obtain consumer credit information (including a consumer and/or commercial credit report from a credit reporting agency) about me to assess my credit application;
 - exchange and use information about me with any credit provider named in this application or named in a credit report provided by a credit reporting agency to assess this application. This may include information about my credit worthiness, credit standing, credit history or credit capacity;
 - give personal and credit information about me to a credit reporting agency (including identity particulars, the fact that I have applied for credit and the amount, and the fact that ME Bank is a current credit provider to me); and
 - obtain and use personal information about me relevant to the assessment of this application from my referees (including my employer[s]) and my accountant nominated on this form.
- I have informed the third parties nominated in this form that:
 - I have provided their personal details to ME Bank and that they can gain access to this information;
 - ME Bank will use and disclose their information for the purposes set out in this form; and
 - if their personal information is not supplied to ME Bank, that ME Bank may not be able to assess my application.

Declaration

By signing below, I declare that:

- I wish to apply for the credit limit specified in Section 1.
- The information in this application is true and complete and I authorise ME Bank to verify this information (this includes contacting my employer or accountant to verify my income).
- My personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
- ME Bank may use and disclose my personal information to help ME BANK and any of its subsidiaries or associated companies to provide or tell me about other products and services which may be of interest to me.

If you do not want ME Bank or its subsidiaries or associated companies to use the personal information contained in this application form to provide such information to you, simply contact ME Bank during normal business hours on 13 15 63 or insert a cross in this box.

Primary cardholder name

Signature

Date

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