



cuecard application or cancellation

Dnister Ukrainian Credit Co-operative Ltd

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Head Office : 912 Mt Alexander Road, Essendon Victoria 3040 (PO Box 279) Telephone (03) 9375 1222 Fax (03) 9370 5361

Hoverla Branch : 62 Ormond Street, Hindmarsh SA 5007 Telephone (08) 8346 6174 Fax (08) 8346 2262

Geelong Branch : 3/29-35 Milton Street, Bell Park Victoria 3215 Telephone (03) 5278 5950 Fax (03) 5277 9108

Perth Branch : 20 Ferguson Street, Maylands WA 6051 Telephone/Fax (08) 9271 4984

member details

Name	<input type="text"/>	Member Number	<input type="text"/>
Address	<input type="text"/>	Account Number	<input type="text"/>
Phone	<input type="text"/>	Fax	<input type="text"/>
		Email	<input type="text"/>

new card details

<input type="checkbox"/> Owner	<input type="checkbox"/> Signatory
Name on card	<input type="text"/>

old card details (if applicable)

Name on old card	<input type="text"/>	Expiry	<input type="text"/>
Card Number	<input type="text" value="5"/> <input type="text" value="8"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

replacement reason

<input type="checkbox"/> Lost	<input type="checkbox"/> Damaged
<input type="checkbox"/> Stolen	<input type="checkbox"/> ATM captured
<input type="checkbox"/> PIN Lost/Forgotten	<input type="checkbox"/> New Name
<input type="checkbox"/> Card/PIN Not received	<input type="checkbox"/> Other

lost or stolen details

Date lost/stolen	<input type="text"/>	Time	<input type="text"/>
Police Informed	Y <input type="checkbox"/> N <input type="checkbox"/>	Date	<input type="text"/>
Police Report Attached	Y <input type="checkbox"/> N <input type="checkbox"/>		
Was your PIN recorded with the CueCard?	Y <input type="checkbox"/> N <input type="checkbox"/>		

declaration

I/We hereby acknowledge that I/we have read a copy of the CueCard Conditions of Use or agree to read the copy that arrives with the card/PIN. I/We have also read a copy of Dnister's Product Disclosure Statement. I/We agree to be bound by the conditions and consents as specified in each and also acknowledge that by using the card for the first time, I/we are confirming our acceptance to be bound by the conditions and consents as specified. I/we are aware that a replacement card fee may be charged for subsequent cards.

account owner / signatory - please circle

Full name	<input type="text"/>		
Signature	<input type="text"/>		
Member no.	<input type="text"/>	Dated	<input type="text"/>

account owner / signatory - please circle

Full name	<input type="text"/>		
Signature	<input type="text"/>		
Member no.	<input type="text"/>	Dated	<input type="text"/>

Please forward the **completed and signed application to Dnister** by mail or via the fax number listed. If you have any queries or require further assistance please contact our member services team.

Office use only

Processed by	<input type="text"/>	Date	<input type="text"/>	Verified by	<input type="text"/>	Date	<input type="text"/>
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