## **Additional Cardholder Application**

(09) 414 6621 | 0800 650 055 | bartercard.co.nz | PO Box 101563 North Shore, Auckland 0745 Please email completed form to: cards@bartercard.co.nz

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ACCOUNT NUMBER:	DATE:
6 0 0 9 1 2 6 4 0 0 0	
ACCOUNT NAME:	
Additional Cardholder 1	Additional Cardholder 2
Title Mr Mrs Ms Miss	Title Mr Mrs Ms Miss
Last name	Last name
First name	First name
Position held	Position held
Email	Email
Home address   (Home Address is required for AML Identity Verification only, your card will be sent to the business postal address.)   Phone   Mobile   I agree to comply with the Bartercard New Zealand Rules of the Trading Program. The Rules of the Trading Program are available in the members section of Bartercard Online and I acknowledge they have been read. I authorise the obtaining of an identity verification report to fulfil Anti-Money Laundering and Countering the Financing of Terrorism legislation requirements.	Home address   (Home Address is required for AML Identity Verification only, your card will be sent to the business postal address.)   Phone   Mobile   I agree to comply with the Bartercard New Zealand Rules of the Trading Program. The Rules of the Trading Program are available in the members section of Bartercard Online and I acknowledge they have been read. I authorise the obtaining of an identity verification report to fulfil Anti-Money Laundering and Countering the Financing of Terrorism legislation requirements.
Signature of Additional Cardholder (Must be signed for card to be issued)	Signature of Additional Cardholder (Must be signed for card to be issued)
Office Use Only	Office Use Only
Processed DD/MM/YYYY Initial	Processed DD/MM/YYYY Initial

## Authorised Account Signatory To Complete

I, \_\_\_\_\_\_\_ hereby authorise the above cardholders to use this account in accordance with the rules of the Bartercard Trading Program. The Rules of the Trading Program are available in the members section of Bartercard Online and I acknowledge they have been read.

Date \_