

## Additional Cardholder Request Form

This form is to be used to verify the identity of a person requesting to be an additional cardholder on an existing Gem Essential account. Additional cardholder(s) must be over 16 years of age. The account holder is required to complete and sign section A. The additional cardholder must complete sections B and C before lodging this form at any PostShop. Section D needs to be completed in the presence of PostShop staff who will witness the signature of the additional cardholder. If you have any queries, please call our Customer Service Team on 0800 500 505 (and when prompted by the IVR say "Application").

### A. ACCOUNT HOLDER DETAILS

Gem Essential Account Number

6	0	1	0	7	3														
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Title

Mr  Mrs  Ms  Miss  Dr

First Name

Middle Name(s)

Last Name

Date of Birth

Contact Phone Number

**Residential Address**

Unit Number / Street Number / Street Name

Suburb

Town / City

Postcode

**Acknowledgement** (Please read the information below before signing this form).

I, the account holder, acknowledge that I am solely responsible for all transactions made by the additional cardholder. *Latitude Financial Services Limited* is authorised to discuss all information relating to my account with the additional cardholder. Please refer to the **Gem Essential** Conditions of Use for further details.

Account Holder Signature

Date

### B. DETAILS OF ADDITIONAL CARDHOLDER

(must be over 16 years of age)

Title

Mr  Mrs  Ms  Miss  Dr

First Name

Middle Name(s)

Last Name

Date of Birth

**Residential Address**

Unit Number / Street Number / Street Name

Suburb

Town / City

Postcode

**Proof of Address**

Issuer Name

Account/Reference Number

Issue Date

### C. ADDITIONAL CARDHOLDER PROOF OF IDENTITY

(Identification document presented to PostShop staff must be original and current)

- NZ Driver Licence                       NZ Passport  
 Australia/Cook Islands/Tokelau/Niue Passport  
 Overseas Passport (with NZ Residency)     NZ Firearms Licence

Document Number (include alpha and numeric characters)

Version No.

Expiry Date

Issue Date

Country of Issue

NZ Residency Number (required if Overseas Passport is selected)

### D. CONFIRMATION BY ADDITIONAL CARDHOLDER

(DO NOT SIGN UNTIL YOU LODGE THIS FORM AT A POSTSHOP)

Your signature must be witnessed by PostShop staff at the time of lodging this form. By signing this form I agree that Latitude Financial Services Limited may make all necessary enquiries and receive information for the purpose of verifying my identity including, without limitation, obtaining such information relating to my Driver Licence from NZ Transport Agency as is authorised by the Land Transport Act 1998.

Additional Cardholder Signature

Date

### E. NZ POST USE ONLY (important: original documents must be sighted)

I confirm I have witnessed the additional cardholder's signature in section D and sighted the additional cardholder's original Proof of Address and Proof of Identity documentation set out in sections B and C of this form, which verifies the identity of the additional cardholder.

Name of PostShop

Identity verified by

PostShop Staff Signature

Date

PostShop Stamp  
to be affixed

