

Additional Card Request

Important information

- Additional cardholders must be 16 years or older.
- As the primary account holder you are responsible for all transactions conducted with the additional card(s).
- The terms and conditions applicable to your account are set out in the "terms and conditions of membership" document available from Ormita.
- Please allow up to 10 working days for Ormita to process your request.

For any enquiries contact your local Ormita representative. Forms may also be sent to:

Ormita Limited PO Box 16120 Pittsburgh PA 15242 Facsimile: (412) 360 8403	Ormita Australia Limited PO Box 638 Booval QLD 4304 Facsimile: (07) 3123 5908
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INSTRUCTIONS FOR COMPLETING THIS APPLICATION FORM

- ▶ **COMPLETE USING ALL CAPITAL LETTERS**
 - ▶ Primary account holder must be 18 years of age or over
 - ▶ You must complete all questions
 - ▶ Please place a cross **X** in the appropriate boxes
- Incomplete applications can not be processed and will be returned or destroyed

PRIMARY ACCOUNT HOLDER DETAILS

Primary contact and authorized company signatory

First Name	Last Name
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Company Name

Postal Address on Account *(May be different from company and trading address)*

Suburb

City

State

Post Code

Telephone

()

Mobile Telephone

()

Facsimile

()

Email Address



Existing Card Number / Account Number

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I understand that: 1) I authorise the fulfilment of the attached request(s) to set up the nominated people specified herein with access to my/our account. 2) There is an annual fee of \$20 for each Additional Card. 3) As the primary account holder / representative I agree that our main account shall be responsible for all debts incurred by the Additional cardholder(s). 4) I have checked the additional cardholder details given in this application and declare they are true, complete and accurate. 5) I have read, understand and agree to the relevant important information printed on the next page.

Signature of Authorized Account Holder

Date

X SIGN HERE

M	M	D	D	Y	Y
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ADDITIONAL CARDHOLDER #1

First Name	Last Name
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Date of Birth	Mothers Maiden Name or Secret Password
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Additional Cardholder's Signature	Date						
X SIGN HERE	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y
M	M	D	D	Y	Y		

Email Address

@

ADDITIONAL CARDHOLDER #2

First Name	Last Name
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Date of Birth	Mothers Maiden Name or Secret Password
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Additional Cardholder's Signature	Date						
X SIGN HERE	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y
M	M	D	D	Y	Y		

Email Address

@

ADDITIONAL CARDHOLDER #3

First Name	Last Name
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Date of Birth	Mothers Maiden Name or Secret Password
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Additional Cardholder's Signature	Date						
X SIGN HERE	<table border="1"><tr><td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td></tr></table>	M	M	D	D	Y	Y
M	M	D	D	Y	Y		

Email Address

@

By Signing each Additional Cardholder(s) Declare that: 1) I am over the age of 16 years. 2) The additional card will be held in my name. 3) I request and agree to Ormita issuing me with an additional card(s). 4) I am aware of Ormita's contact details and Terms and Conditions of Membership. 5) I will not disclose my PIN to any third party. 6) I will not allow any third party to utilise my card/password/PIN. 7) I may be requested to provide additional information to Ormita and that I may not be approved for an additional card(s) if I do not provide this personal information.

Additional Card Request

IMPORTANT INFORMATION FOR THE PRIMARY ACCOUNT HOLDER

- Transactions carried out using the additional card(s), as well as the annual subscription, shall be debited from the primary account.
- Each additional card shall be subject to the same terms, conditions and fee structure as for the principal contract.
- You can cancel the additional card(s) by cutting it into several pieces and either returning them to us, or informing us by telephone that you have destroyed the card(s). You must write to us to confirm the cancellation of any card.
- You should be careful in cases where you cannot destroy the additional card(s), because, although it may have been stopped, it may still be used in some circumstances.

AUTHORITY TO PROVIDE INFORMATION TO LICENSEES AND AGENTS

I authorise Ormita to provide the following information to its licensees, agents or assignee for the purposes of calculating and tracking commissions:

- approval or non-approval of the application;
- financial particulars relating to the additional card(s) and my account;
- the credit limit, card type, account name and number;
- end of month additional card(s) account balances;
- the date any additional card(s) are cancelled or closed;
- details of any default on the additional card(s); and
- any other information regarding the status of my account and the additional card(s) that might affect the payment of the Licensee or Agents commission.

AUTHORITY TO PROVIDE INFORMATION TO ADDITIONAL CARDHOLDER(S)

In accordance with the Privacy Act, I authorise Ormita to disclose the following information to the holders of additional cards on my account:

- account balance;
- amount of available credit;
- minimum payment due (if any); and
- information relating to transactions on the account.

PROCESSING OF PERSONAL DATA

I authorize Ormita Limited ("Ormita") to process my personal data ("data") in accordance with the principles defined in this clause. I acknowledge that Ormita may also transfer my data to countries outside of the United States of America.

Ormita may process my data in connection with providing and managing its products and services, assessing my credit worthiness, offering me products and services, participating in the prevention and detection of fraud and related crimes, producing statistics, management information and executing tests, complying with anti-money laundering, terrorism and related legislation and complying with other legal and regulatory obligations. Access to my data is allowed only to those people who need this for the execution of their job. Ormita may share my data with other Ormita licensees, agents, affiliates, or with its service providers. Ormita requires such affiliates and service providers to keep the data confidential.

I hereby agree to Ormita and any of its licensees exchanging with each other any information about me including:

- any information provided by me in this document;
- any other personal information I provide to any of them or which they otherwise lawfully obtain about me; and
- transaction details or transaction history arising out of my arrangements with Ormita.

I am entitled to request an overview of the data held on Ormita's databases, and to have any incorrect information corrected, by sending my request in writing, together with a copy of both sides of my identity card, to Ormita Limited, PO Box 16120, Pittsburgh, PA, 15242, United States of America. **OR** PO Box 638, Booval, QLD, 4304, Australia.

For more information please contact your nearest Ormita Limited representative, telephone your nearest Ormita office or visit us on the web at www.ormita.com.