

**Southgate Salary Packaging Payment Card Application Form**

**EMPLOYEE DETAILS**

Title		Surname	
Given Name		Other Name(s)	
Date of Birth		Drivers Licence No.	
Payroll ID		Employer	

**TYPE OF PAYMENT CARD TO BE SALARY PACKAGED (please tick)**

Meal Entertainment Card <input type="checkbox"/>	Amount per Paycycle	\$ _____
Expense Payment Card <input type="checkbox"/>	Amount per Paycycle	\$ _____ or Cap Maximum <input type="checkbox"/> (tick if applicable)

**ADDITIONAL CARDHOLDER DETAILS**

**Cardholder 1 Details**

Cardholder Name		Meal Entertainment Card <input type="checkbox"/> Expense Payment Card <input type="checkbox"/>
Date of Birth		
Drivers Licence No.		

**Cardholder 2 Details**

Cardholder Name		Meal Entertainment Card <input type="checkbox"/> Expense Payment Card <input type="checkbox"/>
Date of Birth		
Drivers Licence No.		

I declare that I have read, understood and agree to Southgate's *Terms and Conditions* of provision and usage of the *Southgate Salary Packaging Payment Cards* under the *Southgate Expense Payment Card Program* and the *Southgate Meal Entertainment Program*. Southgate retains the right to vary these *Terms and Conditions* at any time, as updated on our website under your secure employee login web portal.

I declare that the information provided on this *Application Form* is true and correct.

I declare that I will not claim a tax deduction on my annual income tax return for any expenses paid using a *Southgate Salary Packaging Payment Card*, and I will meet the cost of any Fringe Benefits Tax liability that arises as a result of using the *Southgate Salary Packaging Payment Cards*.

Employee Name	
Signature	
Date	

Please return your completed *Southgate Salary Packaging Payment Card Application Form* and *ANZ Salary Packaging Cardholder Application Form* to:

Southgate Salary Packaging Services  
PO Box 183  
South Melbourne VIC 3205

OR

Fax: (03) 9686 8377

# Salary Packaging Cardholder Application Form

This form must be signed by the Cardholder and the Authorised Person listed overleaf.

To complete the form, please complete Parts 1-5.

## 1. CARD TYPE & AMOUNT

Please select Primary and/or Additional Card.

Primary Card     Additional Card     Both Primary and Additional Cards

Please select the type of Salary Packaging Card you require. If a Primary Card, nominate the amount you wish to salary package per pay cycle\*:

A. Salary Packaging Card    If Primary, the amount to be deducted per salary cycle    \$      
 B. Meal Entertainment Card    If Primary, the amount to be deducted per salary cycle    \$   

\* Your pay cycle is determined by your employer. The nominated amount will be deducted from your pre-tax salary by your employer and will be made available on your Salary Packaging Card. If you wish to change the nominated amount you will need to arrange this change with your employer. ANZ is not responsible for and accepts no liability for, your salary deduction arrangements with your employer. Any questions or concerns regarding your salary deductions or the nominated amount must be referred to your employer.

## 2. PRIMARY CARDHOLDER EMPLOYER DETAILS

Employer  Site/Campus

### If applying for an Additional Card

Primary Cardholder full name

## 3. PRIMARY CARDHOLDER DETAILS

\* Mandatory Field

Title  First Name  Middle Initial  Surname

Employee ID  Salary Packaging Provider Reference/ID (if different)

Date of Birth (DD/MM/YYYY)  Security Code (for call centre identification and online set-up)  MANDATORY FIELD

Phone Number  Mobile  Email Address

Residential Address  Suburb/town  State  Postcode

Postal Address (if different from above)  Suburb/town  State  Postcode

## 4. ADDITIONAL CARDHOLDER DETAILS

Title  First Name  Middle Initial  Surname

Primary Cardholder's Employee ID  Salary Packaging Provider Reference/ID (if different)

Date of Birth (DD/MM/YYYY)  Security Code (for call centre identification)  MANDATORY FIELD

Phone Number  Mobile

# Salary Packaging Cardholder Application Form

## 5. ACCOUNT AUTHORITY

If a Primary Card, by use of the Card, I accept that I will be liable to ANZ for any credit extended arising out of the use of the Card, including the use of the Card by an Additional Cardholder, and agree to all applicable terms and conditions including the ANZ Commercial Card Terms and Conditions and the ANZ Salary Packaging Card or ANZ Meal Entertainment Card – Cardholder Specific Terms and Conditions which can be viewed at [anz.com/aus/ratefee/default.asp?section=SBS](http://anz.com/aus/ratefee/default.asp?section=SBS)

I declare that the details contained on this application form are true and correct and request that ANZ issue the card to me. I acknowledge that additional rules may be imposed by my salary packaging provider regarding the use of this card and a copy of these rules have been made available to me. I hereby declare to abide by such rules and variations which are made by salary packaging provider from time to time. Also, I have read and understood (and agree to) the declaration below.

Primary Cardholder Signature (Mandatory)

Date (DD/MM/YYYY)

If an Additional Card, by use of the Card, I agree to all applicable terms and conditions including the ANZ Commercial Card Terms and Conditions and the ANZ Salary Packaging Card or ANZ Meal Entertainment Card – Cardholder Specific Terms and Conditions which can be viewed at [anz.com/aus/ratefee/default.asp?section=SBS](http://anz.com/aus/ratefee/default.asp?section=SBS)

I declare that the details contained on this application form are true and correct and request that ANZ issue the card to me. I acknowledge that additional rules may be imposed by my salary packaging provider regarding the use of this card and a copy of these rules have been made available to me. I hereby declare to abide by such rules and variations which are made by salary packaging provider from time to time. Also, I have read and understood (and agree to) the declaration below.

Additional Cardholder Signature

Date (DD/MM/YYYY)

## 6. DECLARATION

### ANZ's collection, use and disclosure of personal information

Australia and New Zealand Banking Group Limited ABN 11 005 357 522 (ANZ) is collecting the Cardholder's information in order to provide the Cardholder with the ANZ Salary Packaging Card. Without this information, ANZ will not be able to provide the Cardholder with the Card. By signing this Salary Packaging Cardholder Application Form, the Cardholder acknowledges and agrees that:

- ANZ may also use this information and disclose this information for internal administration and operations; and
- ANZ may also disclose this information to third parties, including but not limited to the Cardholder's Employer and any salary packaging service providers, for the purposes of the administration and operation of the ANZ Salary Packaging Card

The Cardholder may request access to this information by calling 1800 614 741. Access will be granted in accordance with the Privacy Act (1988) for ANZ's usual fee. If any of the Cardholder's information is inaccurate, the Cardholder may request that it be corrected.

### Other Information

Your agreement to the use and disclosure of your personal information applies to any personal information collected by ANZ in the course of your relationship with ANZ.

By signing this form, you acknowledge that the Consumer Credit Code does not govern the Salary Packaging card.

### ANZ is the issuer of the Salary Packaging Card

Your employer or salary packaging provider has entered into an arrangement with ANZ for ANZ to issue Salary Packaging Cards to eligible and approved cardholders. By signing

this form, you acknowledge that ANZ is not responsible for the deduction of the nominated amount listed in section 1 or for making any changes to this amount. Any questions, concerns or request for changes to this amount must be referred to your employer. ANZ accepts no liability in connection with your salary deduction arrangements.

ANZ will make your salary deduction available for use on your selected Salary Packaging Card once your application is approved and ANZ has processed your salary deduction from your employer or salary packaging provider.

You are only eligible to use the Salary Packaging Card while you are employed by your employer listed in section 2. Upon termination of your employment (either by you or your employer), your eligibility ceases and ANZ may in its discretion immediately cancel your Salary Packaging Card and return any available funds to your employer or salary packaging provider. Your employer may then deal with any returned funds in accordance with your employment contract or arrangement. You must immediately notify ANZ (either directly or indirectly via your salary packaging provider) if your employment is terminated.

You acknowledge that ANZ's responsibility is to make salary deductions from approved cardholders available for use on their Salary Packaging Cards once ANZ has processed them. ANZ is not responsible for, and accepts no liability for, salary deductions until such time as they are received and processed by ANZ.

ANZ accepts no liability for acts or omissions of your employer or any salary packaging provider in any way connected with your Salary Packaging Card that in any way causes loss or damage to you.

## 7. AUTHORISED SIGNATORY OR VERIFYING OFFICER (SALARY PACKAGING PROVIDER INTERNAL USE)

I declare/confirm that I am an Authorised Signatory to the facility established by the salary packaging provider listed below and an authorised Verifying Officer appointed in accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth). I certify that I have identified the applicant and additional cardholder listed in sections 3 and 4 and those persons are authorised to be Cardholders and, in respect of the applicant, has been approved for an eligible salary sacrifice arrangement with their employer.

Name of Authorised Signatory/Verifying Officer

Salary Packaging Provider's Name

Authorised Signatory Signature

Date (DD/MM/YYYY)