



Members Equity Business MasterCard Credit Limit Increase/Decrease Application

For any enquiries contact us on **1300 654 998** Mon to Fri 9am-5pm or Sat 9am-5pm (Melbourne time).
Mail to ME Bank, Reply Paid 1345, Melbourne VIC 8060
Fax to (03) 9605 6635
Visit mebank.com.au

Please complete this form and mail it together with any supporting documentation to:

Manager – Business Banking Administration
ME Bank, Reply Paid 1345
Melbourne VIC 8060

Section 1 - Details of your Business MasterCard account

Business name

Business address

State

Postcode

Business Phone Number

()

Section 2 - Principal details

Title *Mr/Mrs/Miss/Ms/Other*

Surname

Given name(s)

Principal's card number

Section 3 - Credit limit increase request *(complete sections 3, 5, 6, and 9 of this form)*

Existing Business MasterCard limit

\$

Requested Business MasterCard Limit

\$

Reason for limit increase

Please note, your application for a credit limit increase is subject to our credit assessment procedures. If you do not meet the criteria for the new credit limit you have requested, we may determine a different credit limit increase amount in our discretion.

If this application for a credit limit increase is approved, the requested increase will be allocated proportionally between each cardholder on your card account based on each cardholder's individual card credit limit. You must advise each cardholder accordingly.

Section 4 - Credit limit decrease request *(complete sections 4 and 8 of this form)*

Existing Business MasterCard limit

\$

Requested Business MasterCard Limit

\$

Reason for limit decrease

Please note, the requested credit limit must be no less than the current balance of your card account. The minimum credit limit amount is \$1,000.

Section 5 - Business details of applicant

Please supply details of current credit facilities held at financial institutions including ME Bank *(e.g. business loans, leases, overdrafts)*.

Type of facility

Purpose

Financial institution

Current limit

\$

\$

\$

\$

If insufficient space, please provide a separate list. Please provide updated financials to support your application.

Accountant's name

Accountant's phone number

()

Accountant's fax number

()

ME Bank may contact your accountant to verify your details and income.

Section 6 - Personal financial details

In order to assess your application, we also need to collect the personal financial details of the following individuals:

- If you are a company - details of **each** director
- If you are a partnership - details of **each** partner
- If you are a trust - details of **each** trustee.
- If you are a sole trader - details of the proprietor

Note this requirement **does not** apply to unions and incorporated associations.

Please arrange for Part A and Part B of this Section 6 to be completed for each person as applicable to your entity type. Also please ensure that each person signs Section 9 of this form.

If the details of more than three individuals are to be supplied, please complete the required information for the remaining individuals on a separate sheet and return with this application form.

Person No. 1

Part A – Personal details

Relationship to applicant	<input type="checkbox"/> Director	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Sole trustee	<input type="checkbox"/> Joint trustee
	<input type="checkbox"/> Other (please specify) _____				
Title (Mr/Mrs/Miss/Ms/Other)	Surname	Given name(s)			
_____	_____	_____			
Residential address (PO Box is not acceptable)					

		State	Postcode		
		_____	_____		
Home phone	Work phone	Mobile			
() _____	() _____	_____			

Part B – Personal financial information

Marital status	<input type="checkbox"/> Single	<input type="checkbox"/> Defacto	<input type="checkbox"/> Married	Number of dependants
	_____	_____	_____	_____
Number of years in the industry	_____	Percentage of business ownership (if any)	_____	
Have you had ownership in this business for at least 2 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No - provide previous employment details	_____	<input type="checkbox"/> N/A
<i>If you are a current Members Equity Business Banking customer and you have already supplied us with your financials, you do not need to provide these to us again below.</i>				
Assets		Income (monthly)		
Home	\$ _____	Salary/wage gross	\$ _____	
Investments (e.g. shares)	\$ _____	Rent received	\$ _____	
Motor vehicles	\$ _____	Other (please specify)	\$ _____	
Other (please specify)	\$ _____			
Total assets	\$ _____	Total income	\$ _____	
Liabilities		Expenditure (monthly)		
Mortgage	\$ _____	Mortgage repayments	\$ _____	
Other loans	\$ _____	Other loan repayments	\$ _____	
Credit cards	\$ _____	Credit card repayments	\$ _____	
Store cards	\$ _____	Store card repayments	\$ _____	
Other (please specify)	\$ _____	Rent/board	\$ _____	
		General living	\$ _____	
		Other (please specify)	\$ _____	
Total liabilities	\$ _____	Total expenditure	\$ _____	

Person No. 2

Part A – Personal details

Relationship to applicant	<input type="checkbox"/> Director	<input type="checkbox"/> Proprietor	<input type="checkbox"/> Partner	<input type="checkbox"/> Sole trustee	<input type="checkbox"/> Joint trustee
	<input type="checkbox"/> Other (please specify) _____				
Title (Mr/Mrs/Miss/Ms/Other)	Surname	Given name(s)			
_____	_____	_____			
Residential address (PO Box is not acceptable)					

		State	Postcode		
		_____	_____		
Home phone	Work phone	Mobile			
() _____	() _____	_____			

Person No. 2 (continued)

Part B – Personal financial information

Marital status Single Defacto Married Number of dependants

Number of years in the industry Percentage of business ownership (if any)

Have you had ownership in this business for at least 2 years? Yes No - provide previous employment details N/A

If you are a current Members Equity Business Banking customer and you have already supplied us with your financials, you do not need to provide these to us again below.

Assets table with columns for Asset type and Amount. Rows include Home, Investments (e.g. shares), Motor vehicles, Other (please specify), Total assets. Income (monthly) table with columns for Income type and Amount. Rows include Salary/wage gross, Rent received, Other (please specify), Total income.

Liabilities table with columns for Liability type and Amount. Rows include Mortgage, Other loans, Credit cards, Store cards, Other (please specify), Total liabilities. Expenditure (monthly) table with columns for Expenditure type and Amount. Rows include Mortgage repayments, Other loan repayments, Credit card repayments, Store card repayments, Rent/board, General living, Other (please specify), Total expenditure.

Person No. 3

Part A – Personal details

Relationship to applicant Director Proprietor Partner Sole trustee Joint trustee Other (please specify)

Title (Mr/Mrs/Miss/Ms/Other) Surname Given name(s)

Residential address (PO Box is not acceptable) State Postcode

Home phone Work phone Mobile

Part B – Personal financial information

Marital status Single Defacto Married Number of dependants

Number of years in the industry Percentage of business ownership (if any)

Have you had ownership in this business for at least 2 years? Yes No - provide previous employment details N/A

If you are a current Members Equity Business Banking customer and you have already supplied us with your financials, you do not need to provide these to us again below.

Assets table with columns for Asset type and Amount. Rows include Home, Investments (e.g. shares), Motor vehicles, Other (please specify), Total assets. Income (monthly) table with columns for Income type and Amount. Rows include Salary/wage gross, Rent received, Other (please specify), Total income.

Person No. 3 (continued)**Liabilities**

Mortgage	\$								
Other loans	\$								
Credit cards	\$								
Store cards	\$								
Other (please specify)	\$								

Total liabilities \$

Expenditure (monthly)

Mortgage repayments	\$								
Other loan repayments	\$								
Credit card repayments	\$								
Store card repayments	\$								
Rent/board	\$								
General living	\$								
Other (please specify)	\$								

Total expenditure \$

Section 7 - Privacy notice (applicable to each applicant who is an individual, each cardholder and any individual guarantor)

I understand and agree that:

- (a) Members Equity Bank is collecting my personal information in order to assess this application. I acknowledge that my personal information may be used and disclosed to third party service providers for these purposes and that without this information, Members Equity Bank may not be able to consider or approve this application.
- (b) If a credit limit increase has been requested, where permitted by the Privacy Act Members Equity Bank may:
- obtain consumer and commercial credit information (including a consumer and/or commercial credit report from a credit reporting agency) about me to assess this credit application;
 - exchange and use information about me with any credit provider named in this application or named in a credit report provided by a credit reporting agency to assess this application. This may include information about my/our credit worthiness, credit standing, credit history or credit capacity;
 - give personal and credit information about me to a credit reporting agency (including identity particulars and, if I am the applicant, the fact that I have applied for credit, the amount, the fact that Members Equity Bank is a current credit provider to me and details of payments which are more than 60 days overdue and for which debt collection action has commenced);
 - obtain and use a credit report about me provided by a credit reporting agency to collect overdue payments;
 - if details of my accountant are provided, obtain and use personal information about me from my accountant to assess this application.

Section 8 - Declaration and signature by applicant

1. I consent to the credit limit for my Members Equity Business MasterCard account being changed as requested in this form.
2. I declare that all information provided in this application together with information included in any accompanying supporting documents is true, correct and complete.
3. I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
4. I declare that the credit to be provided to me by the credit provider is to be applied wholly or predominantly for business or investment purposes (or for both purposes).

IMPORTANT

You should **not** sign this declaration unless this loan is wholly or predominantly for business or investment purposes.
By signing this declaration you may **lose** your protection under the Consumer Credit Code.

Signed by the applicant (please follow the instructions below to sign this form)

Signature

Position

Signature

Position

Print name

Date

Print name

Date

Where the applicant is a:

- **Sole Trader:** Proprietor of business to sign.
- **Company:** A Director and the Secretary or two Directors to sign.
- **Sole Director Company:** Sole Director/Secretary to sign, stating that he or she is the Sole Director and Sole Secretary of the company.
- **Trust:** All trustees to sign.
- **Partnership:** All partners to sign (unless Members Equity Bank agrees otherwise in the case of a large partnership).
- **Incorporated Association:** Minimum of two office bearers (e.g. the Chairman, Secretary, Treasurer or equivalent officer in each case) to sign in accordance with the rules governing the association.

Continue overleaf to Section 9 - Declaration and signature(s)

Section 9 – Declaration and signature by each individual named in Section 6

Each person named in Section 6 is to read and provide the following consent by signing below.

1. I declare that all information about me provided in this application together with information included in any accompanying supporting documents is true, correct and complete.
2. I agree to comply with the Members Equity Business MasterCard Terms and Conditions.
Copies of these conditions are available from www.membersequitybank.com.au or by calling us.
3. I agree that my personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.

Signature - Person No. 1

Position

Signature - Person No. 2

Position

Signature - Person No. 3

Position

Print name

Date

D	D	M	M	Y	Y
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Print name

Date

D	D	M	M	Y	Y
---	---	---	---	---	---

Print name

Date

D	D	M	M	Y	Y
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