Supplementary Card Application

☐ Yes, I would like Supplementary Card(s) to be issued to the following family member(s). *(Please tick)*

Note: Supplementary Card applicant must be at least 18 years of age. An annual account fee of $40 may apply.

Existing Main Cardmember Details

Your Diners Club Card number: 3 6 _ _ - _ _ _ _ _ _ - _ _ _ _

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: _____

First name(s): _____ Surname: _____

Residential address: Street _____ Suburb/RD _____

Town/City _____ Postcode _____

1st Supplementary Card Applicant's Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: _____

First name(s): _____ Surname: _____

Date of Birth: DD / MM / YYYY Relationship to Main Cardmember: _____

Club Rewards membership *(optional)*

☐ Yes, I would like to join Club Rewards. Annual membership of $30 may apply.
Note: Main Cardmember must be a member of Club Rewards.

2nd Supplementary Card Applicant's Details

Title: ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Other: _____

First name(s): _____ Surname: _____

Date of Birth: DD / MM / YYYY Relationship to Main Cardmember: _____

Club Rewards membership *(optional)*

☐ Yes, I would like to join Club Rewards. Annual membership of $30 may apply.
Note: Main Cardmember must be a member of Club Rewards.

Declaration

Please sign this application. We, the Supplementary Applicant(s) and Main Cardmember, hereby apply for the issue to the Supplementary applicant(s) of a Diners Club Card. We warrant that the information in this application is true. We acknowledge that subject to acceptance, we agree to be bound jointly and severally by the terms and conditions which accompany the card at the time of issue, replacement and amendments thereto. We undertake to read the Terms and Conditions before signing and using the card. We accept that Diners Club will automatically issue a Personal Identification Number ("PIN") for ATM access in respect of the Supplementary card(s) issued pursuant to this application. The Main Cardmember agrees to be liable to Diners Club for all charges and fees relating to the Supplementary Card(s) issued under this application. The Main Cardmember agrees and accepts that the Supplementary Cardmember is not liable for charges incurred by use of or relating to the Supplementary Cards(s) - except as set out in the Terms and Conditions dealing with lost, stolen, or misused Card(s). In that case the Supplementary Cardmembers(s) are jointly and severally liable with the Main Cardmember. We authorise Diners Club to provide to related or associated companies for direct marketing purposes any information pertaining to this application. We understand that our application is subject to confirmation from Diners Club of acceptance. We understand that we have a right of access to and correction of the personal information about us which has been collected and held by Diners Club for credit reference or debt collection purposes. I/We agree that Diners may obtain information about me/us from or disclose information to appropriate third parties including Solicitors, Accountants and Credit and Debt Collection Agencies.

Main Cardmember's Signature

Date: dd / mm / yyyy

1st Supplementary Card Applicant's Signature

Date dd / mm / yyyy

2nd Supplementary Card Applicant's Signature

Date: dd / mm / yyyy

Please post the completed form to: Freepost 2015, Diners Club international, PO Box 1533, Shortland Street, Auckland 1140 *or* Fax to (09) 359 7798

For more information, please visit www.dinersclub.co.nz or call toll-free 0800 346 377.