

Membership
Number

Card Application

This card remains the property of The Capricornian Ltd and must be returned on request



Link Card To:

Date: / /20

Member Name: _____

Contact Details:

Residential Address: _____

Daytime Phone: _____ After Hours Phone: _____ Fax: _____

Mobile: _____ Email: _____

Information Required:

Please Order: Visa rediCARD

Employer Details: _____

Full - Time Casual Permanent Part - Time

Years There: _____ Years in Previous Employment: _____

Drivers Licence Number: _____ Expiry Date: / /

Password: _____

Password Hint: _____

Eg: Mothers Maiden Name

I hereby apply for a The Capricornian Ltd card and Personal Identification Number (PIN). I acknowledge that I have received a copy of the rediCARD or VISA Conditions of Use and information pertaining to the use of the card and Personal Identification Number (PIN). I understand that my use of the card signifies my understanding and acceptance of the conditions of use as per Member Product Guide Payment Services. I acknowledge that usage of my card may incur transaction fees in accordance with The Capricornian Ltd's current Schedule of Fees. I understand that an annual fee may apply to the application of this card.

Member Signature: _____

Office Use Only

P&R

FSR Documentation

PP Loaded

CRAA

VISA

rediCARD

Exemption

No Annual Card Fee

Password Loaded: _____ Authorised By: _____ Ordered: _____