



## credit card limit increase request.

Email: [newaccounts@mebank.com.au](mailto:newaccounts@mebank.com.au) or Fax: (03) 9708 3680  
Mail: ME, Account Origination, Reply Paid 1345, Melbourne, Vic 8060  
Any questions? Call ME on **13 15 63** or visit [mebank.com.au](http://mebank.com.au)

Once we've processed this application you'll need to wait at least six months before applying for another limit increase.

**for faster approval** remember to include the documents listed below with your applications.

You'll need proof of all income - payslip, group certificate, rental agreement, etc. If you're self-employed we'll need your tax returns for the last two years, and your notice of assessment.

### who wants a raise? section 1 - primary cardholder details.

Card number (same as account number)			Requested credit limit (maximum \$15,000)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Title	Given name(s)		Family name		
<input type="text"/>	<input type="text"/>		<input type="text"/>		
Date of birth	Number of dependants		Age of each dependant		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Mobile	Home phone		Work phone		
<input type="text"/>	<input type="text"/>		<input type="text"/>		
Residential address (we can't accept PO Box addresses)				State	Postcode
<input type="text"/>				<input type="text"/>	<input type="text"/>
How long have you lived at this address?		Email address			
<input type="text"/>	<input type="text"/>	<input type="text"/>			

### what you do for a living. section 2 - employment details.

(please tick one.)

<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Casual	<input type="checkbox"/> Home duties	<input type="checkbox"/> Retired	<input type="checkbox"/> Self-employed	<input type="checkbox"/> Student	<input type="checkbox"/> Unemployed
Occupation (e.g. builder, mechanic, nurse)				Employer's name (company name)			
<input type="text"/>				<input type="text"/>			
Employer's address (we can't accept PO Box addresses)				State	Postcode		
<input type="text"/>				<input type="text"/>	<input type="text"/>		
Employer's contact number (we can't accept mobile numbers)			How long have you worked there?				
<input type="text"/>			<input type="text"/>				
Please let your employer know we might contact them.							

if self-employed.

Business name	ABN	Duration		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Accountant's name				
<input type="text"/>				
Accountant's address (we can't accept PO Box addresses)			State	Postcode
<input type="text"/>			<input type="text"/>	<input type="text"/>
Accountant's contact number (we can't accept mobile numbers)				
<input type="text"/>				
Please let your accountant know that we might contact them.				

**your hard earned money.** section 3 – income details.

Gross annual salary/wages (before tax)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Annual overtime income	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Other annual income (e.g. Centrelink benefits)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Specify type <input type="text"/>
Other annual income (e.g. child support)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Specify type <input type="text"/>
Annual rental income	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Total gross annual income	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Have you ever been declared bankrupt?  Yes  No

**the balance sheet of life.** section 4 – your financial position.

**assets.** (what you own. if owned jointly – your share.)

Real estate (please supply the address)	State	Postcode	Value
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Savings or deposit accounts (please provide the name of financial institution)	Balance		
<input type="text"/>	\$ <input type="text"/>		
<input type="text"/>	\$ <input type="text"/>		
Other assets (please describe e.g. household contents, motor vehicle, superannuation)	Value		
<input type="text"/>	\$ <input type="text"/>		
<input type="text"/>	\$ <input type="text"/>		

**liabilities.** (what you owe. if owed jointly – your share.)

Home loans (please provide the name of financial institution)	Monthly payment	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Personal loans (please provide the name of financial institution)	Monthly payment	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Credit/store cards (please provide the name of financial institution)	Credit limit	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Overdrafts (please provide the name of financial institution)	Credit limit	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Other liabilities (e.g. HECS/HELP, car leases)	Monthly payment	Amount owing
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<b>Ongoing expenses:</b>	Monthly payment	
• Living expenses (e.g. insurance (medical, vehicle etc.), utilities, phone/internet, medical, rates, travel (vehicle running costs, public transport etc.), education/childcare, food, clothing, entertainment)	\$ <input type="text"/>	
• Rent/board	\$ <input type="text"/>	
• Other expenses (e.g. child support, voluntary super contributions, gifts)	\$ <input type="text"/>	

**between you and ME.** section 5 – privacy notice.

I understand and agree that:

1. ME is collecting my personal information to assess my 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, ME may not be able to consider or approve my application.
2. ME also collects and uses information about my super fund/union membership to assist ME to provide benefits for members of participating super funds and unions and for market research and product development.
3. Where permitted by the Privacy Act, ME may:
  - obtain consumer credit information (including a consumer and/or commercial credit report from a credit reporting agency) about me to assess my 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 credit worthiness, credit standing, credit history or credit capacity;
  - give personal and credit information about me to a credit reporting agency (including identity particulars, the fact that I have applied for credit and the amount, and the fact that ME is a current credit provider to me); and
  - obtain and use personal information about me relevant to the assessment of this application from my referees (including my employer[s]) and my accountant nominated on this form.
4. I've informed the third parties nominated in this form that:
  - I've provided their personal details to ME and that they can gain access to this information;
  - ME will use and disclose their information for the purposes set out in this form; and
  - if their personal information is not supplied to ME, that ME may not be able to assess my application.

**the whole truth, cross my heart.** section 6 – declaration.

By signing below, I declare that:

1. I wish to apply for the credit limit specified in Section 1.
2. The information in this application is true and complete and I authorise ME to verify this information (this includes contacting my employer or accountant to verify my income).
3. I do not know of any future changes to my financial circumstances that would make it difficult for me to make my credit card payments.
4. My personal information may be collected, used and disclosed in the manner and for the purposes set out in the Privacy Notice above.
5. ME may use and disclose my personal information to help ME and any of its subsidiaries or associated companies to provide or tell me about other products and services which may be of interest to me.

Primary cardholder name

Signature

Date

D	D	M	M	Y	Y
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