

# Bank Of SA

Bank Of South Australia

## Credit Card Decrease Limit Request Form

Please Complete all information below

Please **decrease** my limit from \$  to \$

Account Number

**Card Holder's Name** (Note Signature and financial details to be provided by the principal cardholder)

| Title                | First Name           | Initial              | Surname              |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

### Address Details

| Postal Address       | State                | Postcode             |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Home Address (if different from above) | State                | Postcode             |
|--|----------------------|----------------------|
| <input type="text"/>                   | <input type="text"/> | <input type="text"/> |

### Personal Details

|   |   |   |
|---|---|---|
| Home phone Number<br><input type="text"/> | Work Phone Number<br><input type="text"/> | No. of Dependents<br><input type="text"/> |
|---|---|---|

|  |                                       |
|--|---------------------------------------|
| Drivers Licence Number<br><input type="text"/> | Date of Birth<br><input type="text"/> |
|--|---------------------------------------|

Please make effective immediately

### Declaration

I have been truthful in all information provided and have not given false names or misleading information in this form.

Signature of Primary Cardholder

Date

Signature Verified

Date