

## REGISTERED OFFICE

Level 6, 766 Elizabeth Street Melbourne VIC 3000 G.P.O. Box 1107

Melbourne VIC 3001 T (03) 9347 9588

**F** (03) 9348 1475

ABN 35 087 651 670

Application for rediCARD			Membership Number
Primary Member			
	Title	First Name	
		Surna	ame
Joint Member (where applicable)		<b>-</b> · .	
Title First Name			
		Surname	
☐ New rediCARD	to operate on my		☐ Access Account (101)
			☐ Deeming Account (108)
_			_
☐ Lost or stolen rediCARD			☐ Damaged rediCARD
Please provide details of lost/stolen/damaged rediCARD			
Card Number			
Details of loss or theft			
Details of loss of their			
You will need to acknowledge receipt of Redicard and PIN to allow activation of the service.			
1/We are to be housed by the Account and Account 5. The Continue of the			
I/We agree to be bound by the Account and Access Facility Conditions of Use			
Signature(s)			
Date			

F (03) 9459 4076