

ANZ V2 PLUS MAINTENANCE REQUEST



Complete all appropriate sections and fax to the V2 PLUS Service Centre on:

Fax: 1800 671 800

All requests must be signed.

Unsigned requests will not be processed and will be returned to you.

Date:

Authorised contact name:

Contact number:

Intermediary number:

1. NEW ADDRESS DETAILS

Address

Suburb State Postcode Phone number Fax number

2. ACCOUNT INFORMATION

Please complete the account details you wish to make changes to

BSB Account number Account Name

3. SIGNATURE(S)

Authorised signatory

Customer's full name

Customer's signature Date (DD/MM/YYYY)

Customer's full name

Customer's signature Date (DD/MM/YYYY)

Customer's full name

Customer's signature Date (DD/MM/YYYY)

Important information

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on 13 28 33 and return the original facsimile/document to us by mail at our expense. Thank you.