

## Request for Copies of Documents/Contracts.

• We must provide you with the documents within 30 days

Personal Deta	ails.	
Title	Given Names	Surname
Address		
Mailing Address		
Date of Birth	te of Birth Previous Name (if applicable)	
/ /		
Previous Address	(if applicable)	
Type/s of Doc	cument/s Requested.	
Type of Document		Account Type/Product the Document Relates to
Documents to be	e sent by Mail Fax (Please note that the	documents can not be collected at a branch)
Guidelines for pro	oviding the documents (Banking Code of Practice):	

## Request for Copies of Documents/Contracts.

- We do not have to give you:
  - a copy of a notice requiring you to take action if you ask for the copy more than two years after the contract to which the notice relates was discharged or ended;
  - a copy of a statement of account within three months after we gave you a copy of the same statement of account; or
  - any document that is not in our possession.
- We may give you a copy of a document in the form of a computer-generated facsimile.

## Privacy Statement.

All personal information and credit-related information we collect about you is collected, used and disclosed by us in accordance with our Privacy Statement which is available at <u>bankofmelbourne.com.au/privacy/privacy-statement</u> or by calling us on 13 22 66. Our Privacy Statement also provides information about how you can access and correct your personal information, and make a complaint. You do not have to provide us with any personal information or credit information but, if you don't, we may not be able to process your application or request.

process your application or request.	
Request for copies.	
By signing this form, I acknowledge reading the terms on this form above subject to those terms.	nd request the Bank to give me copies of the documents I request
Signature	Date
×	/ /
Bank Use Only.	
Customer ID Sighted and Signature Verified	
Type of Document, Number and Expiry Date	
Branch/Channel accepting request	Name of the staff member accepting request

Please forward completed form to 'NSW Custodian Unit' via fax: 02 8205 1528, mail: Level 3, 4-16 Montgomery St, Kogarah NSW 2217 or email: <a href="mailto:nswcustunit@stgeorge.com.au">nswcustunit@stgeorge.com.au</a>