



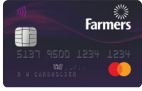


CHANGE OF NAME REQUEST

Tick next to the Account(s) that you would like to change your name. Enter your Customer ID or Account Number in the boxes provided.

<input type="checkbox"/>  Q Mastercard® Customer ID: <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"/> <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="checkbox"/>  Q Card Account Number: <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"/> <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="checkbox"/>  Flight Centre Mastercard® Customer ID: <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"/> <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="checkbox"/>  Farmers Finance Card Account Number: <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"/> <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="checkbox"/>  Farmers Mastercard® Customer ID: <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"/> <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"/>	

Current Details

Title: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss. <input type="radio"/> Other:		Date of Birth:
First Name(s):	Surname:	
Address (Unit/Street number/Street name):		
Town/City:	Postcode:	
Phone:	Email:	
Mobile:	<input type="checkbox"/> Please tick if you would like to receive promotional emails	

I wish to change my name as (tick the box that applies to your situation)

<input type="radio"/> I have married and have taken my partner's name	<input type="radio"/> I have entered into a civil union and have taken my partner's name	<input type="radio"/> I have divorced or separated and have reverted to my maiden name	<input type="radio"/> I have changed my name by deed poll
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New Details

Title: <input type="radio"/> Mr. <input type="radio"/> Mrs. <input type="radio"/> Ms. <input type="radio"/> Miss. <input type="radio"/> Other:	
First Name(s):	Surname:

Your new details required on the Account.

Please note that we need the following evidence of your name change:

- A copy of relevant documentation (Marriage Certificate, Civil Union Certificate, Birth Certificate, Name Change Certificate or as applicable) along with,
- A copy of your acceptable form of Identification which must be in your new legal name.

If the ID provided is not a NZ Driver Licence or NZ Passport, we will require you to provide a certified copy of your passport.

Declaration

I acknowledge by signing this form, I authorise flexigroup to use the information I have provided to verify my new identity and to maintain their records to reflect my new legal name.

_____	_____
Signature	Date

Please note the form must be signed by you to be effective.