

**Please fax this form to
 Circle on
 1300 553 523**

**To: Member Services
 CIRCLE Alliance Bank
 PO Box 135
 DEER PARK VIC 3023**

Date: ___/___/___

Member Number: _____

Visa Card No. _____

First Name: _____

Surname: _____

Address: _____

Home Phone No: _____ **Work Phone No:** _____

Mobile No: _____

Advise that my Visa card linked to my: (please tick) **S6 account** **S55account**

Other Account _____

Has been: (please tick)

Lost **Stolen** **Captured** **Not received** **Forgotten** **Damaged**

Please take appropriate action to cancel the Visa card and arrange for a replacement.

Yours faithfully,

Signed

(cardholders signature)

Ordered

Issued

Activation

Initial: Received: / / Fee Journal #	Initial: Date: / / <input type="checkbox"/> Sent <input type="checkbox"/> Hold <input type="checkbox"/> Other _____	Initial: Date: / /
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Circle Mutual Limited ACN 087 650 968 (CIRCLE) is an agent of Bendigo and Adelaide Bank Limited (Bendigo Bank) ACN 068 049 178 AFSL/Australian Credit Licence 237879 in the distribution of CIRCLE Alliance Bank branded products and services.

CIRCLE also has arrangements with other third parties as detailed in the Financial Services Guide.

CIRCLE Alliance Bank branded deposits and loans are deposits and loans of Bendigo Bank.

CIRCLE Alliance Bank is a trade mark of Bendigo Bank.

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