

Application to Register for Credit Simple

Please complete this application form to register for Credit Simple

* = mandatory fields. This information is necessary to verify your identity. Please print in BLOCK LETTERS.

In addition to completing the form, you will need to provide the following documents to verify your identity:

1. A copy of your NZ Driver's Licence or NZ Passport or NZ Birth Certificate or NZ Proof of Age card; AND
2. A copy of a document issued by an official body (such as a utility bill or bank statement)

Please note: If the information you supply is not sufficient to enable your identity to be verified, we may contact you to request identity documentation.

First Name*		Salutation*	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms
Middle Name		Date of birth*	DD / MM / YYYY
Surname*		Gender*	<input type="checkbox"/> Male <input type="checkbox"/> Female

Any other First Names you have used	
Any other Surnames you have used	
Current Employer Name	

Contact Information <small>(at least one phone number is required to assist us with processing your request)</small>	Home		Mobile	
	Email address <small>(entered upon signing up for Credit Simple)</small>			

Current Residential Address	Unit No.		Street No.*		Street Name*	
	Suburb*				Town/City*	
	Postcode*				At this address since	DD / MM / YYYY

1st Previous Residential Address	Unit No.		Street No.*		Street Name*	
	Suburb*				Town/City*	
	Postcode*				At this address since	DD / MM / YYYY

2nd Previous Residential Address	Unit No.		Street No.*		Street Name*	
	Suburb*				Town/City*	
	Postcode*				At this address since	DD / MM / YYYY

<input type="checkbox"/> I confirm that I am requesting my own Credit Simple registration and the details and documents supplied to identify me are true and correct. <input type="checkbox"/> I accept the Credit Simple Terms of Use & Privacy Policy. I agree that Credit Simple may contact me for marketing purposes and that I can unsubscribe by updating my preferences.	Signature	
	Date	DD / MM / YYYY

Please complete and sign this application form, then submit via email with supporting documentation to verify@creditsimple.co.nz from the email address associated with your Credit Simple account. This is the email address you entered upon signing up for Credit Simple, whether directly or via social media.