



**Rabobank**

## Request to replace your Digipass

Please complete this form if your Digipass is lost or broken. You must answer all questions on this form.

If your Digipass is **blocked** (i.e. screen says "LOCK" or "LOCK-PIN"), or is **displaying anything else** on the screen, please contact us on 1800 445 445 between the hours of 8am and 7pm (Sydney time) Monday to Friday to unblock it.

**Important:** The Digipass will be posted to the address we have on file. If your address has changed, please also complete the change of address field at the bottom of this form. **Please note:** We will require evidence of any new addresses in the form of a copy of a utilities bill, bank statement or equivalent.

### Personal Details (of the account owner or authorised signatory)

Title:  Mr  Mrs  Miss  Ms  Dr  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Date of Birth: \_\_\_ / \_\_\_ / \_\_\_\_\_  
Customer Number: \_\_\_\_\_  
Account Number: 142-201 - \_\_\_\_\_ - 00

### What happens next?

- 1 We might contact you to verify the authenticity of this request.
- 2 Your replacement Digipass will be posted to you within two business days of us receiving this form.
- 3 Once you receive your Digipass please go online to [www.Rabobank.com.au/activate](http://www.Rabobank.com.au/activate) and complete the three simple steps to activate it. You'll receive your secure PIN sent to you directly either via email or SMS. Keep your custome number handy as you will need this to receive your PIN to activate your replacement Digipass for the first time.

### Acceptance

Signature: \_\_\_\_\_  **Please sign here**  
Name: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

*This request can only be signed by the owner or authorised signatory of the Customer Number indicated above.*

### New Address Details

We require evidence of any new addresses in the form of a copy of a utilities bill, bank statement or equivalent.

<b>Residential address:</b>	<b>Postal address:</b> <input type="checkbox"/> Same as residential address.
Address: _____	Address: _____
Suburb/Town: _____	Suburb/Town: _____
State: _____	State: _____
Postcode: _____	Postcode: _____

**Please post this document to:**  
Rabobank Online Savings  
GPO Box 4715  
Sydney NSW 2001

**Or fax it to:**  
1800 121 615

**Or scan and email it to:**  
ClientServicesAU@Rabobank.com