

GUILD GIFT CARD REQUEST FORM



YOUR DETAILS

Date: _____ Date Required: _____

Name: _____ Dept: _____

Telephone: _____ Email: _____

GIFT CARD DENOMINATION AND QUANTITY REQUESTED - Please allow a minimum of 24 hours processing time for your request.
ALL CARDS WILL BE ISSUED WITH 3 YEARS VALIDITY

\$10	\$20	\$50	\$100		TOTAL VALUE Inclusive of applicable surcharges

**ALL CARDS MUST BE PAID FOR IN FULL AT TIME OF COLLECTION (CASH OR EFTPOS/ CREDIT CARD) FROM G-MART
LOCATED IN BUILDING 106G (NEXT DOOR TO CURTIN STUDENT GUILD RECEPTION)**

-- PLEASE COLLECT WITHIN 7 DAYS OF NOTIFICATION --

Terms & Conditions

- Guild Gift Cards are issued by, are main the property of Curtin Student Guild
- Curtin Student Guild is not liable for any value used by persons other than the card holder.
- Gift Cards are not exchange / refundable for cash – nor can expiry dates be altered or extended
- Transactions cannot be accepted while internal systems are offline
- Cards not utilised within validity dates (marked on card) will result in all unused value being forfeit. Proceeds from forfeit values will be used on student welfare projects.
- Use of the card does not confer Full Guild Membership, or any other entitlements on the user from Curtin Student Guild
- Lost and / or stolen cards will not be reissued under any circumstances.
- Curtin Student Guild will take reasonable steps to ensure the security of personal information provided. However, we cannot give any guarantees or warranties about the security of your information and we will not be held liable for any loss or damage that you may suffer as a result of any unauthorised access to your information. Your personal information will not be provided to third parties without your express written consent.
- Terms & conditions subject to change.

OFFICE USE ONLY BELOW

PRODUCTION DETAILS: (*produce in sequential run of numbers*) EXPIRY DATE: _____

Created By: _____ Date: _____

VALUE	\$10.00	\$20.00	\$50.00	\$100.00		
FIRST CARD NUMBER						
LAST CARD NUMBER						

COLLECTED BY: _____ DATE: _____

TOTAL VALUE: _____ PAYMENT METHOD: EFTPOS CASH INVOICE CHARGE CARD

REQUESTED BY: _____ APPROVED BY: _____

MANAGER SIGNATURE: _____



PH: 9266 2828

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