



# Visa Purchasing Card Cardholder Request

Please use blue or black pen and write in BLOCK LETTERS

## Section A Customer Information

Comp ID **8888**

### Company Details

Account **471527** Full legal name of business (including details of any trust, if acting as trustee) **FEDERATION UNIVERSITY AUSTRALIA**

Cust Number (CIS#) **672977946**

Billing Account **4715 2798 0000 0430**

### Cardholder Details

Surname (NM2 L) [ ] Given Name (NM2 F) [ ] Mid Initial (NM2 M) [ ] Title (NM2 S) [ ]  
System Administrators Name (ADR 1) [ ] System Administrators address (ADR 2) **PO BOX 663** City **BALLARAT** State **VIC** Postcode (ADR 3) **3353**

Type Appr **Y** Own BSB [ ] Dom BSB **086992 or 083996 if PIN Y** Credit Limit [ ] PIN (Y/N) [ ] Employee Number [ ] HR Position No [ ]  
Job Title [ ] Admin Centre [ ] Location [ ] Email [ ]  
Transaction Limit [ ] GL Assignment [ ] Phone Number [ ] Fax [ ]

## Section B Cardholder consent

I, the person named as Cardholder consent to the issue of a card of the card type selected above ('Card') in my name for my use as Agent of the Customer named herein. I acknowledge that use of the Card issued will be governed by Conditions of Use which are available at <http://www.nab.com.au/corpcardterms> and by which I agree to be bound.

Cardholder's Signature [ ] Date [ ]

Line Manager consent (if required) - As Line Manager, I authorise the issue of a 'Card' to the employee named above.

Line Manager's Signature [ ] Line Manager's Name [ ] Employee Number [ ] HR Position No [ ] Date [ ]

## Section C Customer Authority

The Customer hereby requests issue of a Card (and Personal Identification Number [PIN] ) to the abovementioned Cardholder in terms of and pursuant to the Customers National Australia Bank Limited Card Facility Offer Letter and Terms and Conditions ('Card Facility'). The Cardholder's signature is verified and Cardholder Request approved with the above credit limit.

Signed for and on behalf of the Customer.

Authorised Officer's signature [ ] Authorised Officer's Name [ ] Employee Number [ ] Date [ ]

## Section D Verifying Officer conducted identification

I declare that I am the Verifying Officer for the Customer referred to above. I certify that I have identified the cardholder in accordance with the requirements stated within Section G of this cardholder request form.

Note: Please ensure you retain an original signed copy of this document for retrieval upon request by NAB.

Verifying Officer's signature [ ] Verifying Officer's Name [ ] VO NAB Customer Number [ ] Date [ ]

## Section E Office Use Only

NAB AUSTRAC ID system (if Verifying Officer not utilised)

Customer Number [ ] Business Banker's Signature [ ] Business Banker's Name [ ]

## Section F Cards Use Only

Card Type 1 **V** IIS **1** ASN **9** Suffix (Plastic Type) **BQ** Create Plastic **Y** Input by - Initials [ ] Date [ ]

Card Number **4 7 1 5 2 7 6 6 5 5**

## Section G Identification of a Cardholder by a Verifying officer

The Verifying Officer is responsible for identifying employees of the customer (on behalf of Nab) that seek to obtain a Corporate Card through the submission of this request form.

The Verifying Officer must identify all Cardholders by collecting:

1. The full name of the cardholder
2. The job title or role of the cardholder
3. A copy of the cardholder's signature and
4. Evidence that the cardholder is authorised to have a card

The Verifying Officer must record and retain the above information and must complete the declaration above confirming that the cardholder has been identified.