



National Australia Bank Limited
ABN 12 004 044 937

Visa Credit Card
Cardholder Request

Comp ID **9806**

Customer Details

| | | | |
|--|---|--|--|
| Account 4715 27 | Company/Business Name UNIVERSITY OF SOUTH AUSTRALIA | Cust Number (CIS#) 753226191 | Billing Account 4715279800000620 |
| System Administrators Name (ADR1) ATTN ELYSE PERIN | System Administrators Address (ADR2) PO BOX 2471 | | City State Postcode (ADR 3) ADELAIDE SA 5001 |

Cardholder Details

| | | | |
|---------------------------------|---|----------------------------|--|
| Surname (NM2L) | Given Name (NM2 F) | Mid Initial (NM2 M) | Title (Mr / Ms etc) (NM2 S) |
| Type Appr Y | Own BSB 085116 | Dom BSB 083996 | Credit Limit (Please see Pg 2 for guidance) |
| Employee Number | PIN (Y/N) Y | Position Title | Default Cost Centre |
| School / Unit/ Institute | Card Type (Please Tick ONE. See Pg 2 for guidance) <input type="checkbox"/> Purchasing Card <input type="checkbox"/> Corporate Card | Work Phone Number | Email Address |

Cardholder Consent

I, the person named above 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 will accompany the Card (as the same may be amended from time to time) and by which I agree to be bound.

| | | |
|--|-------------|---|
| Cardholder's Signature (Signature 1 of 2) | Date | <i>Note: Signature must match that in the supporting identification documentation</i> |
|--|-------------|---|

Endorsing Manager Approval

I have authority under section 1.1a to 1.1e of the VCA framework and I endorse the issue of a "Card" to the employee named above.

| | | | |
|--------------------------------------|---------------------|------------------------|-------------|
| Endorsing Manager's Signature | Name (Print) | Phone Extension | Date |
|--------------------------------------|---------------------|------------------------|-------------|

Verifying Officer conducted identification under Anti-Money Laundering and Counter-Terrorism Financing Act 2006

I declare that I am an authorised Verifying Officer for the Customer referred to above in relation to the provision of Card Facilities. In accordance with the Anti-Money Laundering and Counter-Terrorism Financing Act, I certify that the Cardholder whose details are completed above is correct.

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

| | | |
|---|---------------------|-------------|
| Verifying Officer's Signature (Finance Unit) | Name (Print) | Date |
| Cardholder's Signature (Signature 2 of 2) | Date | |

Customer Authority - Finance Unit Only

The Customer hereby requests issue of a Card (and Personal Identification Number [PIN]) to the abovementioned Cardholder in terms of and pursuant to the Customer's 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 Signatures | Name (Print) | Date |
| | | |
| | | |

Business Banker Use

Request signed in terms of customer authority held AUSTRAC ID help (if Verifying Officer not utilised)
 Verifying Officers utilised C/N _____ C/N _____
 Manager/Business Banker signature and Outlet stamp

Cards Use Only

| | | | | | |
|-----------------------------|-----------------|---------------------|---|----------------------------|--|
| Card Type 1 V | 1IS 1 | ASN 9 | Suffix (Plastic Type) 81 / VM | Create Plastic Y | |
| Input by - Initials: | Date: | Card Number: | 4 7 1 5 2 7 6 6 6 | | |

Agreement and Acknowledgement by Cardholder

This application must be read in conjunction with the University’s Credit Card Policy which can be found at: https://i.unisa.edu.au/siteassets/staff/finance/policies-and-guidelines/creditcard_policy.pdf

Credit Card Type:

(please tick one)
(Refer to Credit Card Policy Clause 5)

- Corporate Card** - To be used for accommodation, meals and incidental expenses, whilst travelling, and approved entertainment.
- Purchasing Card** – To be used for purchasing goods and services required on an ad-hoc basis.

Is standard limit (\$2,000) adequate?

(Refer Credit Card Policy Clause 6.2)

- Yes**
- No** **If No, please specify limit requested:** \$ _____

Business reason for non-standard limit: _____

I, _____ **(Print Full Name)**

acknowledge that a University of South Australia credit card will be issued to me and that I have read, understood and agree to comply with the University’s [Credit Card Policy](#) and this Credit Card Request.

Signature of Applicant

Name (please print)

Date

Agreement and Acknowledgement by Endorsing Manager

I certify that the Applicant is eligible to hold a University Credit Card (as per Credit Card Policy, clause 3) and I endorse the issue of a Credit Card to the Applicant in conjunction with the [Credit Card Policy](#).

Please tick one:

- I will be undertaking the role of Approving Manager to authorise and approve the cardholder’s Credit Card expenses.
- I nominate _____ *(must have appropriate level of financial authority, or sub-authorisation, under section 1.1 of the VCA framework)* to undertake the role of Approving Manager, as outlined in the [Credit Card Policy](#), to authorise the cardholder’s Credit Card expenses.

Signature of Endorsing Manager

Date

Full Name (please print)

School / Unit / Institute

Employee ID

100 Point Identification Checklist

Under the Anti-Money Laundering & Counter-Terrorism Financing Act 2006, the University has a legal obligation to request certified documentary evidence to confirm the identification of card applicants.

- All applications must be accompanied by certified copies of a combination of the documents listed which total to at least **100 points**.
- At least one document must be a clearly visible **Primary Photographic Document** (dark images will not be accepted).
- At least one document must contain a **signature** to enable verification of the application.
- Instructions for obtaining **certified documentation** are included below.

| Valid Documents | Points Scored | Certified Copy Attached (please tick) |
|---|---------------|--|
| Primary Photographic Documents (must have photo) | | |
| ▪ Driver's Licence – Australian Government Issue | 70 | |
| ▪ Passport or Other International Travel Document | 70 | |
| ▪ Proof of Age Card | 70 | |
| Primary Non-Photographic Documents | | |
| ▪ Birth Certificate | 70 | |
| ▪ Citizenship Certificate | 70 | |
| ▪ Social Security / Pension Card | 70 | |
| ▪ Under 18 Years - Birth Certificate | 70 | |
| ▪ Under 18 Years - Citizenship Certificate | 70 | |
| Secondary Documents | | |
| ▪ Australian Taxation Office – Notice | 30 | |
| ▪ Identity Card – Tertiary Institution (or UniSA Staff ID Card) | 30 | |
| ▪ Identity Card / Permit Other – Australian Government Issue | 30 | |
| ▪ Identity Card Issued By Foreign Government | 30 | |
| ▪ Licence – Other (International / Foreign) | 30 | |
| ▪ Licence – Paper – Australian Government Issue | 30 | |
| ▪ Medicare Card | 30 | |
| ▪ Rates Notice | 30 | |
| ▪ Recipient Abstudy / Austudy | 30 | |
| ▪ Under 18 Years – Educational Institution | 30 | |
| ▪ Utility Bill | 30 | |

Certification

Original documents must be sighted and copies certified by an Approved Certifier. Please visit this link to the Listing of Approved Certifiers: <http://i.unisa.edu.au/staff/facilities/fm-assist-services/justice-of-the-peace/>

Each page of each document must contain the following certification:

- Full printed name of the Approved Certifier e.g. Michelle Helena Citizen
- Full address of the Approved Certifier
- The text: "This is to certify that this a true copy of the original which I have sighted."
- Signature of the Approved Certifier
- Date that the document was certified
- The capacity in which they have certified the document, e.g. Chartered Accountant, etc.
- Registration number (if applicable)

Certified copies must accompany the completed Application forms and be sent to Credit Card Applications - Finance Unit, IPC: 101-06 Level 2, 101 Currie Street.