



National Australia Bank Limited ABN 12 004 044 937

Comp ID 9806

Customer Details

Account	Company/Business	Name	Cust Number (CIS#)	ı	Billing Acc	ount			
4715 27	UNIVERSITY OF SO	JTH AUSTRALIA	753226191	4	1715279800	0000620			
System Adminis	trators Name (ADR1)	System Admin	istrators Address (ADR2)		ity	State	Postcode (A	DR 3)	
ATTN ELYSE PERIN PC		PO BOX 2471	BOX 2471		DELAIDE	SA	5001		
									—
Cardholder De	tails								
Surname (NM2 L)		Given Name (N	IM2 F)		Mid Initial	(NM2 M)	Title (Mr / Ms	etc) (NM2S)	
Type Appr	Own BSB Dom	BSB Credit Li	mit (Ref Page 2 for guidand	ce)	Employ	ee Numb	er		
Υ	085116 083	3996							
Position Title		Default C	ost Centre		Unit / Ir	nstitute			_
] [٦
									┙
Card Type (Please	Tick ONE. See Page 2 for guida	ance) Work Ph	one Number		Email A	Address			
Corporate	Purchasing	9							
Cardholder Co	onsent								
· •			a card of the card type sele		`	, ,	,	•	
	erein. I acknowledge tha om time to time) and by		ed will be governed by Cond ound.	iitions	of Use whi	cn wiii acc	company the o	Jard (as the sa	me
Cardholder's Sign	nature (Signature 1 of 2) Date					gnature must i orting identific		
	(g	,				documer	ntation.		
						Electroni	ic signatures r	not accepted.	
									—
Endorsing Mai	nager Approval								
			central administrative unit wit		hority under	r sections	1.1.a to 1.1.e	of the Vice	
Endorsing Manage		e Other Manager (Ge Name (Pr	eneral Manager AU) profile'.			Phone I	Extension	Date	
Endorsing Manage	er s Signature	Name (Fi	шц			Filone	Extension	Date	
EINIANICE LINIT	ONLY								_
FINANCE UNIT	UNLY								
Verifying Office	er conducted iden	tification under A	Anti-Money Launderin	ıg ar	nd Count	er-Terre	orism Fina	ncing Act 2	2006
I declare that I am a	an authorised Verifying C	Officer for the Custome	er referred to above in relation	on to t	he provision	of Card	Facilities.	_	
In accordance with a correct.	the Anti-Money Launderi	ng and Counter-Terro	rism Financing Act, I certify the	hat th	e Cardholde	er whose o	details are cor	npleted above	ıS
	: Please ensure you reta	in an original signed o	copy of this document for retr	rieval	upon reque	st by NAE	3.		
Verifying Officer's	Signature (Finance Un	it) Name (P	rint)			Date			
Customer Auth		ard (and Daraanal Ida	ntification Number [DIN]) to t	ho ob	ovo montio	nad Card	adder in term	o of and nursus	nnt.
			ntification Number [PIN]) to t ffer Letter and Terms and Co						
	older Request approved	·			`	,		Ū	
•	ehalf of the Customer.	N (D	-t ()			D-1-			
Authorised Signat	ures	Name (P	rint)			Date			_
Cards Use Only					Г	1			
							1 04	1 1 1/84 1	
1 !!				Card	Type V	Suffix (Plastic		VM	
Card Number: 4	7 1 5 2 7	6 6		Card 1IS	Type V		Type) 81		



CREDIT CARD REQUEST

Agreement	and Acknowledgeme	nt by Cardholder		
		University's Credit Card Policy which can -and-guidelines/creditcard_policy.pdf	be found at:	
Credit Card Type: (Please tick one)	Corporate Card	For the purposes of facilitating reasonable ground transport, accommodation and subsistence payments, while undertaking approved University travel, and ad hoc purchases of Low Value Goods and Services (as defined in the Credit Card Policy). Default Monthly Limit: \$2,000		
	Purchasing Card	For purchasing Low Value Goods and Default Monthly Limit: \$2,000	d Services on behalf of the University.	
Business reason	for non-standard limit:			
	a University of South Australia cre Card Policy and this Credit Card I		(Print Full Name) e read, understood and agree to comply with the	
Signature of Appl	icant (Signature 2 of 2)	Name (please print)	Date Date	
I certify that the Ap			clause 3) and I endorse the issue of a Credit Card to	
Please tick one:	alter a the control of Access in Manager		and a Constitution of the	
I nominate		framework) to undertake the role of Appro	(must have appropriate level of financial authority, or oving Manager, as outlined in the Credit Card Policy, to	
Signature of Endor	rsing Manager	Date	_	
Full Name (please	print)	Unit / Institute	_	
	Use terms of customer authority held Verify inker Signature and Outlet stamp	ring □AUSTRAC UD help C/N	□Verifying Officers utilised C/N	



CREDIT CARD REQUEST

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 ForeignGovernment 	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.

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 via email (ProMaster@unisa.edu.au) or internal mail to ProMaster - Finance Unit, IPC: 101-06