



National Australia Bank Limited ABN 12 004 044 937

Comp ID 9806

Customer Details

Expiry:

Account	Company/Business N	ame	Cust Number (CIS#)	В	illing Acc	ount		
4715 27	UNIVERSITY OF SOUT	TH AUSTRALIA	753226191	47	715279800	0000620		
System Admini	strators Name (ADR1)	System Admi	nistrators Address (ADR2)	Ci	ity	State	Postcode (A	ADR 3)
ATTN ELYSE PI	ERIN	PO BOX 2471		ΑI	DELAIDE	SA	5001	
Cardholder D								
Surname (NM2 L	.)	Given Name ((NM2 F)	ľ	Mid Initial	(NM2 M) □	Title (Mr / M	s etc) (NM2S) 7
]
Type Appr	Own BSB Dom BS	SB Credit L	imit (Ref Page 2 for guidan	ce)	Employ	ee Numb	er	
Υ	085116 0839	996						
Position Title		Default	Cost Centre		Unit / Ir	stitute		
_	e Tick ONE. See Page 2 for guidan	ce) Work P	hone Number		Email A	Address		
Corporate	Purchasing							
Cardholder C								
			of a card of the card type sele ued will be governed by Cond					
	from time to time) and by wl							match that in
Cardholder's Sig	nature (Signature 1 of 2)	Date				the supp	orting identific	
						documen		not accepted.
							o oigilata. oo	or acceptod.
Endorsing Mana	9	Name (F	,				Extension	Date
FINANCE UNI	T ONLY							
Verifying Offic	cer conducted identif	ication under	Anti-Money Launderin	na and	d Count	er-Terro	orism Fina	ancina Act 200
I declare that I am	an authorised Verifying Off	icer for the Custon	ner referred to above in relation or small relation or small relations and the relation of the	on to th	e provisio	n of Card I	Facilities.	
correct.	- Diana anama manara					-4 b NAD		
, ,	s: Please ensure you retain 's Signature(Finance Unit)	0 0	copy of this document for reti	nevai u	ipon reque	_	٠.	
Vernying Officer	3 Signature (1 mance onit)	Name (riiii			Date		
Customer Aut	_							
		`	entification Number [PIN]) to t Offer Letter and Terms and C					•
	holder Request approved wi			oriditio	iis (Caid i	acility j. i	ne Cardilold	er s signature is
0	behalf of the Customer.							
Authorised Signa	tures	Name (Print)			Date		
Cards Use Only				Cond 7		Suffix	81	VM
Card Number: 4	7 1 5 2 7	6 7		Card T	ype V	(Plastic		
- 4 Turiber. 4				1IS	1	ASN	9	



CREDIT CARD REQUEST

Agreement and Acknowledgement	by Cardholder		
This application must be read in conjunction with the Univ	versity's Credit Card Policy which can be found at: -guidelines/creditcard_policy.pdf		
	or the purposes of facilitating reasonable ground transport, accommodation and ubsistence payments, while undertaking approved University travel, and ad hoc urchases of Low Value Goods and Services (as defined in the <u>Credit Card Policy</u>). lefault Monthly Limit: \$2,000		
Purchasing Card	For purchasing Low Value Goods and Services on behalf of the University. Default Monthly Limit: \$2,000		
Business reason for non-standard limit:			
I,acknowledge that a University of South Australia credit ca	(Print Full Name) ard 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 Requ			
Signature of Applicant (Signature 2 of 2)	Name (please print) Date		
Agreement and Acknowledgement I I certify that the Applicant is eligible to hold a University C the Applicant in conjunction with the Credit Card Policy.	by Endorsing Manager Credit Card (as per Credit Card Policy, clause 3) and I endorse the issue of a Credit Card to		
Please tick one:			
I will be undertaking the role of Approving Manager to	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 fram authorise the cardholder's Credit Card expenses.	nework) to undertake the role of Approving Manager, as outlined in the Credit Card Policy, to		
Signature of Endorsing Manager	Date		
Full Name (please print)	Unit / Institute		
Business Banker Use ☐ Request signed in terms of customer authority held Verifying Manager/Business Banker Signature and Outlet stamp	□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 (ExpenseManagement@unisa.edu.au) or internal mail to expenseme PRO - Finance Unit, IPC: 101-06