



Customer Details

Comp ID **68165**

Account 4715 27	Company/Business Name FLINDERS UNIVERSITY	Cust Number (CIS#) 829912316	Billing Account 4715 2799 0001 0545
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Cardholder Details

Surname (NM2L)	Given Name (NM2 F)	Mid Initial (NM2 M)	Title (Mr / Ms etc) (NM2 S)
System Administrators Name (ADR1) ATTN: SARA SZAREK	System Administrators Address (ADR2) GPO BOX 2100		City State Postcode (ADR 3) ADELAIDE SA 5001
Type Appr Y	Own BSB 085030	Dom BSB 083996	Credit Limit
PIN (Y/N) Y	Employee Number	User Id	
Job Title	Admin Centre N/A	Location N/A	Email
Transaction Limit	GL Assignment N/A	Phone	Fax N/A

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 (to view the full terms and conditions of your NAB Corporate Card visit nab.com.au/corpcardterms) and by which I agree to be bound.

Cardholder Signature (1 of 2)

Date

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Line Manager Consent - As Line Manager, I authorise the issue of a "Card" to the employee named above.

Line Manager Signature	Name (Print)	Employee No	Date

Customer Authority (* Delete if not applicable)

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 Signature/s

Date

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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 AML/CTF Act I certify that the Cardholder whose details are completed above is correct

Verifying Officer's Name & Signature

Date

Verifying Officers

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Please Ensure you retain an original signed copy of this document for retrieval upon request by NAB

Cardholder Signature (2 of 2)

Date

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Business Banker use

- Request signed in terms of customer authority held
- Verifying Officers utilised C/N _____
- AUSTRAC ID help (if Verifying Officer not utilised) C/N _____

Manager/Business Banker signature and Outlet stamp

Cardholder Acknowledgment (on receipt of Card & conditions of use)

I hereby acknowledge on receipt of my:

- Card and copy of "Conditions of Use"
- PIN
- Copy of "Conditions of Use for Electronic Banking" (if PIN issued)

Cardholder's signature:	Date:

Cards Use Only

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