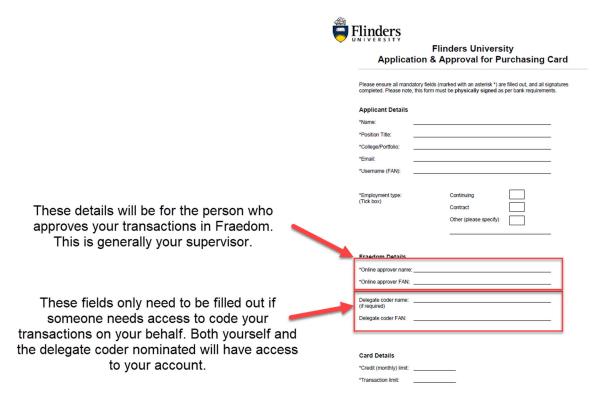
## Purchasing Card application forms – how to fill out

1. NAB Form – fill out all highlighted fields below, and ensure all signatures are completed.

	National Australia Bank Limited ABN 12 004 044 937			Cardholder Request		
	Customer Details Comp ID 68165					
				Cust Number (CIS#) Billing Account		
	4715 27 FUNDERS UNIVERSITY 820912316 4715 2709 0001 0545					
	Cardholder Details					
	Surname (NM2L)	Given Name (NM2 F)	Mid	Initial (NM2 M)	Title (Mr / Ms etc) (NM2 S)	
	System Administrators Name (ADR1)	System Administrators /	Address (ADR2)	City State	Postcode (ADR 3)	
	ATTN: JESSICA HARRISON	GPO BOX 2100		ADELAIDE SA	5001	
	Type Appr Own BSB Dom B		PIN (Y/N)	Employee Number	User Id	
		3996	Y			
	Job Title Admin Centre	Location	Α Π	Email		
Applicant's signature	Transaction Limit GL Assignment	Phone		Fax		
	N/A			,	∜A	
	Cardholder Consent					
	I, the person named above as Cardibider 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 for the full					
		oli. Card visit mak oom walverpa		alian lagree to be to	nd.	
	Cardholder Signature (1 of 2)		Date			0
	Line Manager Consent - As Line Manage	Maria annonce me issue or a uran	n me emnovee	namen annue		Supervisor/Line
	Line Manager Signature Name (Print) Employee No Date manager of the					
	Customer Authority (* Delete if not applicable)  The Customer hereby requests issue of a Card (*and Personal Identification Number (PNI)) to the abovementioned Cardholder in terms of applicant's signature					
	The Customer hereby requests issue of a Card ("and Personal Identification Number (PNII) to the abovementioned Cardinolder in Herms of and pursuant to the Customer's National Australia Bank Limited Card Soully Offer Letter and Terms and Conditions ("Card Soully"). The Customer's sporture is verified and Cardinolder's sporture is verified and Cardinolder's sporture in					
	Signed for and on behalf of the Customer					
	Authorised Signature/s Date					
	Verifying Officer conducted identification under Anti-Money Laundering and Counter-Terrorism Financing Act 2006 ledesize that am a authorised Verifing Officer for the Quistomer Referred to above in relation to the provision of Card Fabilities. In					
	accordance with the AMUCTF Act I certify that the Cardinolder whose details are completed above is correct Verifying Officer's Name & Signature  V					
	verilying Onicer's Name & Signature	T Date	1 2 2			
*			Please Ensure you retain an original signed copy of this document for retrieval upon request by NAB			
	Cardholder Signature (2 of 2)	Date	Business Banker use			
			Request signed in terms of customer authority held   Verifying Officers utilised C/N			
	Cardholder Arknowledoment (on receipt o	AUSTRAC ID	AUSTRAC ID help (if Verifying Officer not utilised)			
	I hereby acknowledge on receipt of my:  Card and copy of "Conditions of Use"		C/N			
	PIN		Manager/Busine	ss Banker signature an	d Outlet stamp	
	Copy of "Conditions of Use for Electron					
	Cardholder's signature:					
	Cards Use Only					
	Card Type 1 1IS ASN Suffix (Plastic Type) Create Plastic					
	V 1 9 HC Y					
	Input by - Initials: Date:	Card Number:				
	Imput by - means. Date: 4 7 1 5 2 7 6 8					

2. Flinders form – fill out all mandatory fields (marked with an asterisk \*) and ensure all signature fields are completed.



and use of a Flinders University Purchasing Card, and to follow the administrative requirements for the use of the card. Applicant's signature Signature of applicant Full name As supervisor, I acknowledge that I have a responsibility to Flinders University to comply with the University Purchasing Card Procedures. This includes: Reviewing card holder expenditure and approving those items that are for University business that have adequate supporting documentation If there are items not for University business, I will advise the Purchasing Card team Supervisor/Line manager of Signature of supervisor Full name Date applicant's signature Authorised Officer's signature Signature of Authorised Officer Full name Date - please ensure this is signed (Senior Executive Team members, Directors of College Services, Deans (People & Resources) and by someone listed as an Authorised Officer on the form

I acknowledge that I have read and agreed to the conditions set out above which govern the issue

## 3. Certificate of ID form



## CERTIFICATE OF IDENTITY city of Verifying Officer for Flinders University certify that the person detailed below, has ed to sign in accordance with any Flinders University Account Authority Card, on which This section needs to be completed by the applicant prior to having their ID ☐ Male ☐ Female certified. Commencement Date / / D Full Time D Part Ti Sight the required documentation (see overleat) and working IDENTIFICATION DOCUMENT DETAILS Document 1 - From Table A (see overleaf) Cartified Copy\* Document 2 Document Type: (e.g. Australian Passp Issued By: (e.g. Local Government Issued Date: Expiry Date: I confirm that I have sighted the original or a certified correct. Any wilful breach of identification obligations a Policy is available online here: <a href="https://www.nab.com.aemployer">https://www.nab.com.aemployer</a>. Identification verified by: This section needs to be signed by a Verifying Officer - either someone listed on the second page of the ID form (such as a JP) or an Verifying Officer Name authorised person in the Purchasing Cards SECTION 3: NAB USE ONLY Team (please ensure you contact the team to Verifying Officer Customer Number arrange a time to visit the office).