



Customer Details

Comp ID **32010**

Account

4715 27

Company/Business Name

Australian Catholic University

Cust Number (CIS#)

749312492

Billing Account

4715 2799 0000 4590

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)

40 Edward Street

City State Postcode (ADR 3)

North Sydney NSW 2060

Type Appr

Y

Own BSB

Dom BSB

086992 or
083996 if PIN Y

Credit Limit

PIN (Y/N)

Employee Number

User Id

Job Title

Admin Centre

Location

Email

Transaction Limit

GL Assignment

Phone

Fax

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 Signature (1 of 2)

Date

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

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

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

Cardholder Signature (2 of 2)

Date

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:

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

Cards Use Only

Card Type 1

V

1IS

1

ASN

9

Suffix (Plastic Type)

EB

Create Plastic

Y

Input by - Initials:

Date:

Card Number:

4 7 1 5 2 7 6 6 5 5