

Purchasing Card application forms – how to fill out

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

The image shows a NAB Visa Corporate Card Cardholder Request form. Red boxes highlight the following fields:

- System Administrators Name (ADR1)
- System Administrators Address (ADR2)
- City
- State
- Postcode (ADR 3)
- Line Manager Consent (As Line Manager, I endorse the issue of a Card to the employee named above)
- Line Manager Signature
- Name (Print)
- Employee No
- Date
- Cardholder Signature (1 of 2)
- Date
- Verifying Officer's Name & Signature
- Date
- Verifying Officers
- Business Banker use
- Request signed in terms of customer authority held
- Verifying Officers utilised CN
- AUSTRAC ID help (if Verifying Officer not utilised)
- CN
- Manager/Business Banker signature and Outlet stamp
- Cardholder's signature
- Date

 Red arrows point from the text 'Applicant's signature' to the Cardholder Signature (1 of 2) field and from 'Supervisor/Line manager of the applicant's signature' to the Line Manager Signature field.

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

The image shows a Flinders University Application & Approval for Purchasing Card form. Red boxes highlight the following fields:

- *Online approver name:
- *Online approver FAN:
- Delegate coder name: (if required)
- Delegate coder FAN:

 Red arrows point from the text 'These details will be for the person who approves your transactions in Freedom. This is generally your supervisor.' to the Online approver fields, and from 'These fields only need to be filled out if someone needs access to code your transactions on your behalf. Both yourself and the delegate coder nominated will have access to your account.' to the Delegate coder fields.

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

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 applicant's signature

_____	_____	_____
Signature of supervisor	Full name	Date

Authorised Officer's signature - please ensure this is signed by someone listed as an Authorised Officer on the form

_____	_____	_____
Signature of Authorised Officer	Full name	Date
(Senior Executive Team members, Directors of College Services, Deans (People & Resources) and Portfolio Directors)		

3. Certificate of ID form



CERTIFICATE OF IDENTITY

I, the undersigned, in the capacity of Verifying Officer for Flinders University certify that the person detailed below, has been identified, and is authorised to sign in accordance with any Flinders University Account Authority Card, on which this person is listed as an Authorising Party or Signatory.

This section needs to be completed by the applicant prior to having their ID certified.

SECTION 1: INDIVIDUAL DETAILS			
Title	First Name	Middle Name	Surname
Residential Address			Date of Birth / /
Suburb	State	Postcode	Country
Marital Status (optional)	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Occupation	Commencement Date / /	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Signature			
Sight the required documentation (see overleaf) and complete the following:			
IDENTIFICATION DOCUMENT DETAILS			
Verified from	Document 1 - From Table A (see overleaf)		Document 2 - From Table A or B (see overleaf)
Document Type: (e.g. Australian Passport)	<input type="checkbox"/> Original	<input type="checkbox"/> Certified Copy*	<input type="checkbox"/> Original <input type="checkbox"/> Certified Copy*
Issued By: (e.g. Local Government)			
Issued Date:			
Expiry Date:			
Document Number:			

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 authorised person in the Purchasing Cards Team (please ensure you contact the team to arrange a time to visit the office).

SECTION 2: VERIFYING OFFICER DETAILS			
I confirm that I have sighted the original or a certified copy of original documents and verify that the above is true and correct. Any willful breach of identification obligations are made punishable under the AML Act 2006. The NAB Privacy Policy is available online here: https://www.nab.com.au/comm/privacy-policy . Original form is to be retained by the employer.			
Identification verified by:			
Verifying Officer Name		Position	
Verifying Officer Signature		Date Verified	/ /
SECTION 3: NAB USE ONLY			
Verifying Officer Customer Number		Checking Officer Name	

* Refer overleaf for a list of approved certifiers