

NAB Business Payments Card – Add a Cardholder

Please complete form in full in black or blue pen us	sing CAPITAL LETTERS and 🔀 where appropria	ate.			
Please return the completed form to your nearest N	NAB branch or your Banker.				
NAB Business Payments Card allows only a total of	TWO additional cardholders.				
Section A Business Details					
Registered Business/Company name	Facility billing account numbe	Facility billing account number			
Business address	Suburb	State	Postcode		
Business telephone number		L	L		
()					
Section B Cardholder Details					
Cardholder 1 🗌 Owner 🗌 Employee					
Title Surname	Given name/s	Da	ate of birth		
			/ /		
Residential address	Suburb	State	Postcode		
Cardholder 2 🗌 Owner 🗌 Employee					
Title Surname	Given name/s	Da	ate of birth		
			/ /		
Residential address	Suburb	State	Postcode		
1					

Cardholder consent

Each cardholder to read and to provide consent by signing as provided below

I, the person named above as Cardholder consent to the issue of a NAB Business Payments Card ('Card') in my name for use as Agent of the Customer named herein. I acknowledge I will receive the Conditions of Use for the Card and those terms govern my use of the Card.

Card	hold	der 1
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Signature	Date			
×		/	/	
Cardholder 2				
Signature	Date			
×		/	/	

Customer (Company/Business) Consent

The Customer requests the issue of a Card (and Personal Identification Number [PIN]) to the Cardholder/s above (or nominated in connection with this application) in accordance with the Customer's NAB Business Payments Card Facility Offer Letter and Terms and Conditions (including, without limitation, the Conditions of Use and NAB Electronic Banking (card based) Product Disclosure Statement referred to in the Terms and Conditions for the Facility). In the event the Cardholder/s has nominated other accounts to be attached to the Card under the heading 'Nominated account details', the Customer authorises those accounts to be accessed by use of the Card and Personal Identification Number issued to the Cardholder/s.

Signature of Sole Proprietor/Director/Partner

I	Date		
		/	/
-			
I	Date		
		/	/

Signature of Director/Partner

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NAB use only			
Identification and verification completed	Customer number (9 character)	Identification and verification completed	Customer number (9 character)
Applicant/Business		Applicant/Business	
Cardholder 1 Yes No		Cardholder 2 Yes No	