


MM033 - Application for UCT Fleet Card

Instructions

- Use this form when applying for a Fleet Card.
- Send the completed form, [plus the attached New vehicle application form](#), to: Purchasing Card Administration Office, fnd-pcard@uct.ac.za.
- Use Tab or arrow keys to move between expandable fields.

Note:

- The application cannot be processed if any part of the Authorisations section is left unsigned or incomplete.
- This **writable PDF form** must first be downloaded to your computer (right-click and *Save link as*), before it can be completed using  [Adobe Acrobat Reader](#).

SECTION 1: REQUESTER DETAILS

Surname		Title	
First Name		Staff Number	
Job Title		Phone Number	
Office address		Cell Number	
Department Name		E-mail address	
Faculty or Area			

SECTION 2: FLEET CARD PROFILE

Note: To be completed by applicant in consultation with HOD and line manager.
Provide a letter of motivation for any limit request above R10,000.

Card limits

Total monthly credit limit	R
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Default fund to be linked to the purchasing card

Default fund		Default cost centre	
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SECTION 3: VEHICLE DETAILS

Vehicle registration no.		Make of vehicle	
Model		Colour	
Tank capacity		Fuel type	
Current Odometer reading		Date/year of purchase	

SECTION 4: DRIVER DETAILS

Note: Ensure that all supporting documentation is kept on file.

Name	Surname	Staff number	Contact number	Email address

SECTION 5: AUTHORISATIONS

To be completed by Applicant

Agreement <ul style="list-style-type: none"> I have a legitimate requirement to use the Fleet Card and the access requested is in accordance with my departmental responsibilities. I have read and understand the Finance Operations Policies and Guidelines page. 					
Name		Signature		Date	
Total monthly credit limit requested					

To be completed by Line Manager for the cardholder

Agreement <ul style="list-style-type: none"> The person named on this form has a legitimate requirement to use the Fleet Card. I agree to review the validity of transactions on a monthly basis via the ABSA portal. 					
Name		Signature		Date	

To be completed by HOD

Agreement <ul style="list-style-type: none"> The person named on this form has a legitimate requirement to use the Fleet card. 					
Name		Signature		Date	

To be completed by the Fund holder

Agreement <ul style="list-style-type: none"> I take full responsibility for all costs incurred by use of the card against the fund/s listed above. 					
Name		Signature		Date	



To be completed by the Area /Faculty Finance Manager

Agreement					
• The person named on this form has a legitimate requirement to use the Fleet Card.					
Name		Signature		Date	

Office use only					
Approved by					
Card Solutions Manager				Date	
Approval		Supported		Not supported	
Comments					

Office use only					
Approved by					
Dir: Procurement & Payment Services				Date	
Approval		Supported		Not supported	
Comments					

Office use only					
Approved by > R100 000					
CFO				Date	
Approval		Supported		Not supported	
Comments					