


## MM034 - UCT Fleet Card - change of details

### Instructions

- Use this form when there are any changes to a fleet cards personal, departmental details or default fund and/or cost object.
- Indicate with a 'X' fields where the information has changed.
- Send the completed form by e- mail to: Purchasing Card administration, [fnd-pcard@uct.ac.za](mailto:fnd-pcard@uct.ac.za)
- Use Tab or arrow keys to move between expandable fields.
- **Note:** This is a **fillable PDF form** with form fields and 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 names		Initials	
Job Title		Staff number	
Office address		Phone number	
Department name		E-mail address	
Faculty /Area			
Current active card number (last 6 digits only)			

### SECTION 2: FLEET CARD PROFILE

**Note:** To be completed by applicant in consultation with HOD.

#### Card limits

Total monthly credit limit	R
----------------------------	---

#### Fund to be linked to the fleet card

**Note:** All bank charges for your Purchasing Card transactions will be charged to the default fund.

Default fund		Default cost centre	
Fund holder name		Fund holder signature	

### SECTION 3: DRIVER DETAILS

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

Name	Surname	Staff number	Contact number	Email address

## SECTION 4: AUTHORISATIONS

### To be completed by Applicant

Agreement I have a legitimate requirement to use the Fleet Card and the access requested is in accordance with departmental responsibilities.					
Name		Signature		Date	

### To be completed by Line Manager for cardholder

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

### To be completed by HOD

Agreement • The person named on this form has a legitimate requirement to use the Fleet card.					
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	

### To be completed by the Fund holder

Agreement • I take full responsibility for all costs incurred by use of the card against the fund/s listed above.					
Name		Signature		Date	



Office use only					
Approved by					
Card Solutions Manager				Date	
Approval	<input type="checkbox"/>	Supported	<input type="checkbox"/>	Not supported	
Comments					

Office use only					
Approved by					
Dir: Procurement & Payment Services				Date	
Approval	<input type="checkbox"/>	Supported	<input type="checkbox"/>	Not supported	
Comments					

Office use only					
Approved by > R100 000					
CFO				Date	
Approval	<input type="checkbox"/>	Supported	<input type="checkbox"/>	Not supported	
Comments					