



Special instructions

# Corporate Purchasing Card Change Request

Charge Card - Queensland Government Banking Centre 4013

<b>Agency Name</b> <div style="border: 1px solid black; height: 20px;"></div>	<b>Card Facility Number</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">5550</td> <td style="width: 25%; text-align: center;">0590</td> <td style="width: 25%; text-align: center;">00</td> <td style="width: 25%;"></td> </tr> </table>	5550	0590	00	
5550	0590	00			
<b>Cardholder Title, Family Name &amp; Given Name</b> <div style="border: 1px solid black; height: 20px;"></div>	<b>Cardholder Card Number</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

**Section A – Change Cardholder Contact Details**

Work Phone Number  Other Phone Number

Work Postal Address

**Section B – Cancel Card**

Cancel Card for the above named Cardholder

Reason: .....

Card has been destroyed

**OR**

Card has not been returned and reasonable steps have been taken to recover the Card

**Section C – Change Hierarchy Level**

Existing Hierarchy Level  New Hierarchy Level

**Section D – Change Credit Limits**

New Transaction Limit  
\$

New Monthly Limit  
\$

**Section E – Change Cardholder Name**  
Cardholder must write new name below and then EITHER:

i) Present ORIGINAL Change of Name documentation to a State Verifying Officer

**OR**

ii) Send a CERTIFIED COPY of Change of Name documentation to a State Verifying Officer for signature

A copy of the documentation must then be provided with this change request form when sent through to CBA.

*I/We declare that the details as shown on this form are complete and correct."*

Family Name & Title <input style="width: 100%;" type="text"/>	Given Name/s <input style="width: 100%;" type="text"/>
Signature of Cardholder <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
Signature of Verifying Officer <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
Name of Verifying Officer <input style="width: 100%;" type="text"/>	

**Note:** It is an offence under the **Anti-Money Laundering** and Counter-Terrorism Financing Act 2006 to make a false or misleading statement.

**BANK USE ONLY – WCS Account Manager**

Signature <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
Name <input style="width: 100%;" type="text"/>	Staff number <input style="width: 100%;" type="text"/>

**AN AUTHORISED SIGNATURE IS REQUIRED FOR ALL SECTIONS**

Signature of Authorised Officer <input style="width: 100%;" type="text"/>	Date <input style="width: 100%;" type="text"/>
Name of Authorised Officer <input style="width: 100%;" type="text"/>	