

Continuation Sheet A—Cardholders' Required Details—Table -1

#	Employee Details	Further Details	Contact Details	Vehicle & Card Provision Details	Limitation Details												
	Prefix: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Name: _____ Name on Card (max. 16 characters, incl. space) _____ Card Type: Corporate <input type="checkbox"/> Business <input type="checkbox"/>	CNIC: _____ Date Of Birth: dd / mm / YYYY Office Location (If, for billing other than Head Office): _____	Mobile: 03 - _____ Other: _____ e-mail: _____	VRN: _____ City: _____ Make: _____ Model: _____ Year: _____ Fuel Tank Cap: _____ Engine (cc): _____ Petrol / Diesel Type: Truck <input type="checkbox"/> Van <input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____ Products: PMG <input type="checkbox"/> HSD <input type="checkbox"/> HOBC <input type="checkbox"/> NFR <input type="checkbox"/> Card Charge Type: Quantity <input type="checkbox"/> Amount <input type="checkbox"/>	TRANSACTION LIMITATIONS: <table border="1"> <thead> <tr> <th>Limits</th> <th>DAY</th> <th>WEEK</th> <th>MONTH</th> </tr> </thead> <tbody> <tr> <td>Rs. or Ltr</td> <td></td> <td></td> <td></td> </tr> <tr> <td># of trans</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> GEOGRAPHIC LIMITATIONS: Retail Outlet(s) <input type="checkbox"/> _____ City(ies) <input type="checkbox"/> _____ Province(s) <input type="checkbox"/> _____ Route <input type="checkbox"/> _____	Limits	DAY	WEEK	MONTH	Rs. or Ltr				# of trans			
Limits	DAY	WEEK	MONTH														
Rs. or Ltr																	
# of trans																	
	Prefix: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Name: _____ Name on Card (max. 16 characters, incl. space) _____ Card Type: Corporate <input type="checkbox"/> Business <input type="checkbox"/>	CNIC: _____ Date Of Birth: dd / mm / YYYY Office Location (If, for billing other than Head Office): _____	Mobile: 03 - _____ Other: _____ e-mail: _____	VRN: _____ City: _____ Make: _____ Model: _____ Year: _____ Fuel Tank Cap: _____ Engine (cc): _____ Petrol / Diesel Type: Truck <input type="checkbox"/> Van <input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____ Products: PMG <input type="checkbox"/> HSD <input type="checkbox"/> HOBC <input type="checkbox"/> NFR <input type="checkbox"/> Card Charge Type: Quantity <input type="checkbox"/> Amount <input type="checkbox"/>	TRANSACTION LIMITATIONS: <table border="1"> <thead> <tr> <th>Limits</th> <th>DAY</th> <th>WEEK</th> <th>MONTH</th> </tr> </thead> <tbody> <tr> <td>Rs. or Ltr</td> <td></td> <td></td> <td></td> </tr> <tr> <td># of trans</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> GEOGRAPHIC LIMITATIONS: Retail Outlet(s) <input type="checkbox"/> _____ City(ies) <input type="checkbox"/> _____ Province(s) <input type="checkbox"/> _____	Limits	DAY	WEEK	MONTH	Rs. or Ltr				# of trans			
Limits	DAY	WEEK	MONTH														
Rs. or Ltr																	
# of trans																	
	Prefix: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Name: _____ Name on Card (max. 16 characters, incl. space) _____ Card Type: Corporate <input type="checkbox"/> Business <input type="checkbox"/>	CNIC: _____ Date Of Birth: dd / mm / YYYY Office Location (If, for billing other than Head Office): _____	Mobile: 03 - _____ Other: _____ e-mail: _____	VRN: _____ City: _____ Make: _____ Model: _____ Year: _____ Fuel Tank Cap: _____ Engine (cc): _____ Petrol / Diesel Type: Truck <input type="checkbox"/> Van <input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____ Products: PMG <input type="checkbox"/> HSD <input type="checkbox"/> HOBC <input type="checkbox"/> NFR <input type="checkbox"/> Card Charge Type: Quantity <input type="checkbox"/> Amount <input type="checkbox"/>	TRANSACTION LIMITATIONS: <table border="1"> <thead> <tr> <th>Limits</th> <th>DAY</th> <th>WEEK</th> <th>MONTH</th> </tr> </thead> <tbody> <tr> <td>Rs. or Ltr</td> <td></td> <td></td> <td></td> </tr> <tr> <td># of trans</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> GEOGRAPHIC LIMITATIONS: Retail Outlet(s) <input type="checkbox"/> _____ City(ies) <input type="checkbox"/> _____ Province(s) <input type="checkbox"/> _____	Limits	DAY	WEEK	MONTH	Rs. or Ltr				# of trans			
Limits	DAY	WEEK	MONTH														
Rs. or Ltr																	
# of trans																	
	Prefix: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Name: _____ Name on Card (max. 16 characters, incl. space) _____ Card Type: Corporate <input type="checkbox"/> Business <input type="checkbox"/>	CNIC: _____ Date Of Birth: dd / mm / YYYY Office Location (If, for billing other than Head Office): _____	Mobile: 03 - _____ Other: _____ e-mail: _____	VRN: _____ City: _____ Make: _____ Model: _____ Year: _____ Fuel Tank Cap: _____ Engine (cc): _____ Petrol / Diesel Type: Truck <input type="checkbox"/> Van <input type="checkbox"/> Car <input type="checkbox"/> Bike <input type="checkbox"/> Bus <input type="checkbox"/> Other: _____ Products: PMG <input type="checkbox"/> HSD <input type="checkbox"/> HOBC <input type="checkbox"/> NFR <input type="checkbox"/> Card Charge Type: Quantity <input type="checkbox"/> Amount <input type="checkbox"/>	TRANSACTION LIMITATIONS: <table border="1"> <thead> <tr> <th>Limits</th> <th>DAY</th> <th>WEEK</th> <th>MONTH</th> </tr> </thead> <tbody> <tr> <td>Rs. or Ltr</td> <td></td> <td></td> <td></td> </tr> <tr> <td># of trans</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> GEOGRAPHIC LIMITATIONS: Retail Outlet(s) <input type="checkbox"/> _____ City(ies) <input type="checkbox"/> _____ Province(s) <input type="checkbox"/> _____	Limits	DAY	WEEK	MONTH	Rs. or Ltr				# of trans			
Limits	DAY	WEEK	MONTH														
Rs. or Ltr																	
# of trans																	

APPROVING AUTHORITY NAME: _____

Sign & Stamp: _____

Date: _____

