AMPOLCARD REQUEST FORM

CUSTOMER/COMPANY NAME:_____

CUSTOMER CODE:_____ (office use only)

If you are requesting a *Pin Number Reset, Replacing or reporting a Lost or Damaged card*,
you must provide the card number for which you are referring to i.e 7071 3400 XXXX XXXX

New Card(s)	**Replace** (updated details)	**Pin Reset**	**Lost Card**	**Damaged Card**	**Cards to be Deleted**
☐	☐	☐	☐	☐	☐

Table 2

(Table 1)To request New Cards (additional vehicle, staff members etc) please use table below. Card users choose their own 4 digit PIN at the first use of the card.

Compulsory	**Optional**	Options – (Choose any one column)							OFFICE USE ONLY	
REG NO. (7 characters)	**VEHICLE TYPE (IF REQUIRED)** (20 characters)	Odometer	Dis, Oils	LPG, Oils	Petrol, Dis, LPG, Oils,	Petrol, LPG, Oils	Petrol, Dis, LPG, Oils, Goods	ULP, Oils	**CARD NO.**	**REC**
XYZ 123	*Commodore*	✓			✓					

E.g.

(Table 2) For Replacement Cards, Pin Resets, Lost, Damaged or Cards to be Deleted please use table below......

CURRENT CARD NUMBER:	REGO OR NAME ON CARD (if any)

Comments:_____
_____

Signed (Person Requesting):_____**Print Name**:_____ **Date**:_____