

APPLICATION FOR CARD LIMIT AMENDMENT

Card holder: .....

Card number: .....

Requested increase to card limit: .....

Reason for request to increase card limit: .....

.....  
.....

Requested increase to transaction limit: .....

Reason for request to increase transaction limit: .....

.....  
.....

Permanent or temporary increase? .....

If temporary, please provide dates increase required for:

From: ..... To: .....

Signature of Director: .....

Please print name:..... Date: .....

**For finance use only:**

Approved by Head of Procurement .....

**SAMPLE ONLY - DO NOT USE**