



CIBC

GOVERNMENT OF CANADA PURCHASING CARD CARDHOLDER APPLICATION FORM

FORM P8

If any of this information is missing or illegible, the form will be returned to the Departmental Card Co-ordinator for completion. There will be a delay in processing application form(s).

CUSTOMER INFORMATION (MANDATORY)

Department ID Number (CIBC - assigned)

Cardholder Name (as it is to be Embossed on Card, maximum 19 characters)

Department Name (maximum 19 characters)

Cardholder Mailing Address (maximum 30 characters)

City

Province

Postal Code

Telephone Number

Fax Number

E-mail Address

Security Password for Card Activation (maximum 20 characters)

Language Indicator: English French

CARD TYPE (SELECT ONE ONLY)

Acquisition Card – PST Exempt

Card-less Account

Vessel Card

Acquisition Card – Non-PST Exempt

Special Card

LIMIT, HIERARCHY, AND REPORTING INFORMATION (*INDICATES MANDATORY FIELD)

Monthly Credit Limit*

Single-purchase Limit

Maximum Number of Transactions (if applicable)

Daily

Weekly

Monthly

Merchant Category Code Restrictions

Department Set-up (Form P4)

No MCC restrictions

Other (Customize as per attached list for individual cardholder)

Reporting Unit Name (Form P5)*

Reporting Unit Number (up to 7 levels) (Form P5)*

Level 1

Level 2

Level 3

Level 4

Level 5

Level 6

Level 7

Employee Fund Centre – for Electronic Reporting (if applicable, maximum 22 characters)

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**CARDHOLDER
NAME**

Cardholder Signature

**FUND CENTRE
MANAGER**

Print Name

Fund Centre Manager Signature

**CARD
CO-ORDINATOR
NAME
(MANDATORY)**

Print Name

Card Co-ordinator Signature

Please fax the completed and signed form to CIBC at 1-888-999-9359