

ADDITIONAL SUPPLEMENTARY CARD FORM

Date:	
CD-F-31	

Ta'aluq (C) CARE LINE

Pakistan State Oil

www.psopk.com

Rev. No. 01

Date: 05/07/12

Only original filled forms will be accepted.

Conta									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ount No		
Conta	ct Person			·	*Telephone Numb	oer			Er	nail		
Prim	ary Corp	orate Car	dholde	r's Details								
*Prim	ary Card	No.		-			-					
*Nam	ne on Car	d [
PSO	Loyalty (Card No. [-					
Supp	olementa	ry Cardho	older's	Details								
*First	Name											
Mido	dle Name											
*Last	Name											
*Nam	ne to app	ear on Ca	rd							(in block letters, pro names, max. 19 cha	ovide space betw aracters)	veen
*Da		h (DD/MM, ADRA Record		*	Gender	,	'Marital	Statu	S		Maiden Nan NADRA Record)	
] Male	e Female	Sing	gle		Married			
*CNI	C No.		-	- 		NICOP/F	P()()(Ps	ISSDO	rt No (which	never applicable)		
		to Primary		older \square Sn	ouse Par		Brothe	•		n/Daughter		
					her	_		,		· , = s.s.g. · · · ·		
*Resi	idence Ad	ddress —										
						*City_						
*Tel.	(Res.)			*M	obile No				Email			
					POL Monthly		O	10IT9	NAL LIMIT			
Р	roduct All	owed inlea	ase mar	'k tick) l							Lubricants	For Offic
T	roduct Alle	T	ı	1	Limit (Rs./Liters)	Yearly Limit	Daily L	imit	Weekly Limit		Lubricants (Rs.)	For Offic use only
Р	HO (Hi-Octane)	D	CNG (Rs.)	E-10 (Ethanol-10)		Yearly Limit (Rs./Liters)		imit	Weekly Limit (Rs./Liters)	Per Txn Limit (Rs./Liters)		
Р	НО	D	CNG	E-10		•	Daily L	imit				
Р	HO (Hi-Octane)	D (Diesel)	CNG	E-10	Limit (Rs./Liters)	(Rs./Liters)	Daily L	imit	(Rs./Liters)	(Rs./Liters)		
P etrol)	HO (Hi-Octane)	D (Diesel)	CNG	E-10 (Ethanol-10)	Limit (Rs./Liters) Days Allov	(Rs./Liters)	Daily L (Rs./Lit	imit		(Rs./Liters)		
P etrol)	HO (Hi-Octane)	D (Diesel)	CNG (Rs.)	E-10	Limit (Rs./Liters)	(Rs./Liters)	Daily L (Rs./Lit	imit ers)	(Rs./Liters)	(Rs./Liters)		
P etrol)	HO (Hi-Octane)	D (Diesel) Outlet	CNG (Rs.)	E-10 (Ethanol-10)	Days Allov	(Rs./Liters) wed	Daily L (Rs./Lit	imit ers)	(Rs./Liters) Txn Fred	(Rs/Liters)		
P etrol) SC Specific	HO (Hi-Octane) Retail (Contact of the contact of t	D (Diesel) Dutlet AO (All Outlet marked with an asciant must submit ention your Conta	CNG (Rs.)	E-10 (Ethanol-10) AD (All Days) mandatory. pir valid CNIC/NICOP/PC nail ID so that our Custo pmplete or incorrectly fill	Days Allov WD (Weekdays)	ved WE (Weeke	Daily L (Rs./Lit	If option a. Def (for b. Def c. Def	Txn Frec	(Rs./Liters) Quency Weekly Intioned, the default limits win and daily limits are Rs. 5.0 quantity-based cards respectly dy transaction frequency of	(Rs.) Ill apply. 00/-60 liters titvely).	use onl
P Petrol) SC Specific	HO (Hi-Octane) Retail (Contact of the contact of t	D (Diesel) Dutlet AO (All Outlet marked with an asciant must submit ention your Conta	CNG (Rs.)	E-10 (Ethanol-10) AD (All Days) mandatory. pir valid CNIC/NICOP/PC nail ID so that our Custo pmplete or incorrectly fill	Days Allov WD (Weekdays)	ved WE (Weeke	Daily L (Rs./Lit	If option a. Det (for b. Det c. Det	Txn Frec	(Rs./Liters) Weekly Methy Intioned, the default limits win and daily limits are Rs. 5,0 quantity-based cards respect dy transaction frequency of All Days (AD). be All Outlets (AO).	(Rs.) Ill apply. 00/-60 liters titvely).	use only
P Petrol)	HO (Hi-Octane) Retail (Contact of the contact of t	D (Diesel) Dutlet AO (All Outlet marked with an asciant must submit ention your Conta	CNG (Rs.)	E-10 (Ethanol-10) AD (All Days) mandatory. ir valid CNIC/NICOP/PC mail ID so that our Custo omplete or incorrectly fill for Corporate Cards tha	Days Allov WD (Weekdays)	ved WE (Weeke	Daily L (Rs./Lit	If option a. Det (for b. Det d. Det	Txn Frec	weekly Weekly Intioned, the default limits win and daily limits are Rs. 5,0 quantity-based cards respect dy transaction frequency of All Days (AD). be All Ourlets (AO).	(Rs.) Ill apply. 00/-60 liters tively). 2 and 10 txns per day r	use only

Authorized Signature



ADDITIONAL CORPORATE CARD FORM

Date:	
CD-F-26	

Pakistan State Oil

Only original filled forms will be accepted.

*Account Title		*Customer Account No												
Contact Person			*Telephone No.			_ Email								
_	r ofile (This Form dual Card		or each Corporat	•	•									
* First Name			Middle Name		*La	ast Name								
* Name to App	pear on Card					(in bloc max. 19	k letters, provide space b characters)	etween names,						
	th (DD/MM/YYY) ADRA Record)	()	*Gender		*Marital Statu	S	*Mother's Maiden Name (as per NADRA Record)							
		Ma	ale 🗌 Fema	ıle 🗌 S	Single	Married								
*C.N.I.C. No.				- NIC	COP/POC/Passp	oort No. (whichever	is applicable)							
Do you have a	a PSO Loyalty C	ard?	Yes	No 🗆										
-	provide your Lo ddress ———	•			_	-								
*Tel. (Res.)						•								
	*Single Limit (Rs./Liters)		*Mult	i Limits (Rs.	./Liters)									
Limits (Rs./Liters)	Products	P (Petrol)	HO (Hi-Octane)	D (Diesel)	CNG (Rs.)	E-10 (Ethanol-10)	Lubricants (Rs.)	For Office use only						
	Mark Tick													
Yearly Limit														
Monthly Limit														
Weekly Limit														
Daily Limit														
Per Txn Limit														
Retail (Days Al			Txn Fr	equency							
SO (Specific Outlet)	AO (All Outlets)	(All Days)	WI (Week	I	WE (Weekends)	Daily	Weekly							
 The appl In case of Kindly may con Please p 	nes: marked with an asterisk (*) a licant must submit a copy of of any outstanding against the ention your Contact No. and tact you in case the form is rovide justification for high lin 500 liters or equivalent.	their valid CNIC/NICOP/ ne account, the request w d Email so that our Custor incomplete or incorrectly	rill not be processed. mer Services Representat filled.	tive	a. Defa (for b. Defa c. Defa	amount-based or quantity-b	y Limits are Rs. 5,000/- & 60 liter ased cards) respectively. stion frequency of 2 and 10 txns p (AD).	oer day respectively.						
_	Name	D	Designation		*Authorized Sign	natory	*Company Stam	np						

www.psopk.com

Date: 05/07/12

Rev. No. 01

For Office Use Only

Authorized Signature

Ta'aluq () CARE LINE O800-03000



FLEET & CORPORATE CARD LIMIT **REVISION FORM**

Date:	
CD-F-24	_

Pakistan State Oil

Date: 05/07/12

Rev. No. 01

Only original filled forms will be accepted.

*Accour	nt Title				*Custor	mer Account No									
*Contac	t Person		*Telephon	ie No		_ Email									
*Card N				Veh	icle No./ e on Card										
		*Single Limit			ulti Limit (Rs./Liter										
Eviation		(Rs./Liters)		TVI	Products allowed	<u>s) </u>		For Office							
Existing Limit	Limits	Products	P (Petrol)	HO (Hi-Octane)	D (Diesel)	CNG (Rs.)	E-10 (Ethanol-10)	use only							
			. (Tro (in octains)	2 (2.000.)	3.13 ()									
		Mark Tick													
Single	Yearly Limit														
Limit \square	Monthly Limit														
	Weekly Limit														
Multi	Daily Limit Per Txn Limit						+								
Limit \Box	Lube (Rs.)		Days (AD/WD/WE)		Outlets (AO/SO)										
	Lube (HS.)	*Single Limit													
Revised	Limits	(Rs. /Liters)	P (Petrol)	HO (Hi-Octane)	D (Diesel)	CNG (Rs.)	E-10 (Ethanol-10)								
Limit		Mark Tick													
	Yearly Limit														
Single Limit	Monthly Limit														
Lillit	Weekly Limit														
84.111	Daily Limit														
Multi Limit	Per Txn Limit														
	Lube (Rs.)		Days (AD/WD/WE)		Outlets (AO/SO)										
*Card N	lo.	_		1 1 1 1	iicle No./ e on Card										
	Limits	*Single Limit		*Multi Limit (Rs./Liters)											
Existing		(Rs./Liters)			Products allowed			For Office use only							
Limit		Products	P (Petrol)	HO (Hi-Octane)	D (Diesel)	CNG (Rs.)	E-10 (Ethanol-10)	doc only							
		Mark Tick													
0:	Yearly Limit														
Single Limit	Monthly Limit														
	Weekly Limit														
Multi	Daily Limit														
Limit \square	Per Txn Limit														
	Lube (Rs.)	+0: 1 1: "	Days (AD/WD/WE)		Outlets (AO/SO)										
Revised	Limits	*Single Limit (Rs./Liters)	P (Petrol)	HO (Hi-Octane)	D (Diesel)	CNG (Rs.)	E-10 (Ethanol-10)								
Limit		Mark Tick													
	Yearly Limit														
Single Limit	Monthly Limit														
Lilling	Weekly Limit														
B.G Ja:	Daily Limit														
Multi Limit	Per Txn Limit														
	Lube (Rs.) Veekdays, WE: Weekends		Days (AD/WD/WE)		Outlets (AO/SO)			tlets, SO: Specific Outlet							
Importan	t Guidelines: All fields marked with a In case of any outstan	an asterisk (*) are mandatory. ding against the account, the	request will not be processed our Customer Services Repre ectly filled.	d. sentative may	a. Defaul (for am b. Defaul c. Defaul		ult limits will apply. mits are Rs. 5,000/- & 60 liters ad cards) respectively. In frequency of 2 and 14 txns pe								
	Nam	е	Designation	*/	Authorized Signat	ory	*Company Stamp								
				For Office Use C	Only										
www.psopk.c	om		4.0	uthorized Signature			Ta'alut	(CARE LINE							

Authorized Signature



ADDITIONAL FLEET CARD FORM

Only original filled forms will be accepted.

Date:	
CD-F-25	

Ta'aluq (7)

Pakistan State Oil

www.psopk.com

Rev. No. 01

Date: 05/07/12

*Account Title	*Customer Account No													
*Contact Person		*Telephone No Email												
*Vehicle Reg. No). ————	*V	ehicle Categor	y: Car	Jee	p Truck	Van Bus	M/Cycle Tract	tor Crane					
Single Limit	(One limit for all p		ulti Limit			for separate pro								
	*Single Limit				<i></i>									
	(Rs./Liters)		*Mul	ti Limits ((Rs./Li	ters)								
Limits (Rs./Liters)	Products	P (Petrol)	HO (Hi-Octane)	D (Diese	el)	CNG (Rs.)	E-10 (Ethanol-10)	Lubricants (Rs.)	For Office use only					
	Mark Tick													
Yearly Limit														
Monthly Limit								_						
Weekly Limit								1						
Daily Limit								4						
Per Txn Limit														
Retail (Days A				Txn F	requency						
SO (Specific Outlet)	AO (All Outlets)	AD (All Days)	WI (Week		(W	WE /eekends)	Daily	Weekly						
*Vehicle Reg. No)	*V	ehicle Categor	y: Car	Jee	p Truck	Van Bus	M/Cycle Tract	tor Crane					
Single Limit	(One limit for all p	roducts) M	ulti Limit	(Separate	e limits	for separate pro	oducts)							
	*Single Limit (Rs./Liters)		*Mul	ti Limits ((Rs./Li	ters)								
Limits (Rs./Liters)	Products	P (Petrol)	HO (Hi-Octane)	D (Diesel)		CNG (Rs.)	E-10 (Ethanol-10)	Lubricants (Rs.)	For Office use only					
	Mark Tick													
Yearly Limit														
Monthly Limit														
Weekly Limit														
Daily Limit								1						
Per Txn Limit														
Retail (Outlet		Days A	llowed			Txn F	requency						
SO (Specific Outlet)	AO (All Outlets)	AD (All Days)	WI (Week		(W	WE /eekends)	Daily	Weekly						
All fields marke In case of any Kindly mention may contact yo	Important Guidelines: 1. All fields marked with an asterisk (*) are mandatory. 2. In case of any outstanding amount against the account, the request will not be processed. 3. Kindly mention your Contact No. and Email so that our Customer Services Representative may contact you in case the form is incomplete or incorrectly filled. 4. Please provide justification for high limits in case the limit required is more than 500 liters or equivalent. 5. If optional fields are not marked, default limits are applied. a. Default Days would be All Days (AD). b. Default outlets would be All Outlets (AQ). c. Default outlets would be all outlets (AQ). c. Default outlets would be All Outlets (AQ). b. Default outlets would be All Outlets (AQ). c. Default outlets would be All Outlets (AQ). b. Default outlets would be All Outlets (AQ). c. Default outlets would be All Outlets (AQ). Default outlet													
	Name		esignation	_	*Aı	uthorized Sig	gnatory	*Company Star	np					
For Office Use Only														

Authorized Signature



FLEET, CORPORATE AND COMMERCIAL REPLACEMENT CARD FORM

Date:	
CD-F-27	

Pakistan State Oil

Only original filled forms will be accepted.

*Account Title _	*Customer Account No
Contact Person	*Telephone No Email

Serial No.	*Card Number												*Name on Card	*Reason (Lost/Stolen/ Damaged)	For Office use only				
1					-					-				-					
2					-									-					
3					-					-				-					
4					-					-				-					
5					-					-				-					
6					-					-				-					
7					-									-					
8					-									-					
9					-					-				-					
10					-									-					
11					-									-					
12					-									•					
13					-														
14					-									-					
15					-					-				-					

Important Guidelines:

- All fields marked with an asterisk (") are mandatory.

 Kindly mention your Contact No. and Email so that our Customer Services Representative may contact you in case the form is incomplete or incorrectly filed.

 PSO would mark the mentioned card numbers as "Lost" before issuing a replacement card, after which your existing card would not be able to transact.
- PSO would mark the mentioned card numbers as "Lost" before issuing a replacement card, after wind
 The replacement card is configured with the same limits and product(s) as that of the previous card.

Name	Designation	*Authorized Signatory	*Company Stamp
	For Of	fice Use Only	
www.psopk.com Date: 05/07/12 Rev. No. 01	Authorized Sign	nature	Ta'aluq () CARE LINE



COMMERCIAL CARD LIMIT REVISION FORM

Date:	
CD-F-30	

*Account Title)						*Custo	mer Account No					
Contact Person	on						*Teleph	none					
Email ID													
*Card No.								*Na	ame on Card				
	,	Products	· Allowe	Ч					OPTIONAL				
*Products All Card 1 (Tick where ap				Yearly Limit	*POL Monthly Limit	Daily Limit	Weekly Limit	Per Transaction Limit	Days (Select One)	Retail Outlets (Select One)	Lubricants	Remarks	
	Р	НО	D	E-10	Rs./Liters	Rs./Liters	Rs./Liters	Rs./Liters	Rs./Liters	WD/WE/AD	AO/SO	Monthly Limit (Rs.)	
*Existing Limit													
*Revised Limit													
*Card No.								*Na	ame on Card				
	,	*Products Allowed					OPTIONAL						
Card 2		ick where applicable) Yearly Limit				*POL Monthly Limit	Daily Limit	Weekly Limit	Per Transaction Limit	Days (Select One)	Retail Outlets (Select One)	Lubricants	Remarks
	Р	НО	D	E-10	Rs./Liters	Rs./Liters	Rs./Liters	Rs./Liters	Rs./Liters	WD/WE/AD	AO/SO	Monthly Limit (Rs.)	
*Existing Limit													
*Revised Limit													
P=Petrol HO=Hi-Octane D=Diesel E-10=Ethanol 10 WD=Weekdays AD=All Days WE=Weekends AO=All Outlet SO=Specific Outlet													
 Important Guid All fields marked The clients ared In case of outs 	ed with a request	ısterisk (' ed to ma	ke addi	tional co	ppies according to the	e number of Commercia	al Cards required.						

- 4. Kindly mention your Contact No. and Email so that our Customer Services Representative may contact you in case the form is incomplete or incorrectly filled.
- 5. If optional fields are not mentioned, the default limits are applied.
 - a. Default days will be All Days (AD)
 - b. Default Outlets will be All Outlets (AO)
- 6. Clearly mention the limits in Liter or Rupees.

				Authorized Signature
Name	Designation	*Authorized Signatory	*Company Stamp	

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Date: 05/07/12

Rev. No. 01



For Office Use Only



ADDITIONAL COMMERCIAL CARD FORM

Date:	
CD-F-29	

Pakistan State Oil

*	Account Title			*Custo	*Customer Account No. ———————————————————————————————————							
Contact Person					*Telephone							
Е	mail ID											

Sr. No.	*Name on Card	*Produk		*Products Allowed		Yearly Limit *POL Monthly Limit		OPTIONAL						
		(Tick where applicable)					Daily Limit	Weekly Limit	Per Transaction Limit	Days (Select One)	Retail Outlets (Select One)	Lubricants	Remarks	
		Р	НО	D	E-10	Rs./Liters	Rs./Liters	Rs./Liters	Rs./Liters	Rs./Liters	AD/WD/WE	AO/SO	Monthly Limit (Rs.)	
1														
2														
3														
4														
5														

P=Petrol HO=Hi-Octane D=Diesel E-10=Ethanol 10 WD=Weekdays AD=All Days WE=Weekends AO=All Outlet SO=Specific Outlet

Important Guidelines:

- 1. All fields marked with asterisk (*) are mandatory.
- 2. The clients are requested to make additional copies according to the number of Commercial Cards required.
- 3. Clearly mention the limits in Liter or Rupees.
- 4. Kindly mention your Contact No. and Email so that our Customer Services Representative may contact you in case the form is incomplete or incorrectly filled.
- 5. If optional fields are not mentioned, the default limits will apply.
 - a. Default days will be All Days (AD)
 - b. Default Outlets will be All Outlets (AO)
- 6. In case of outstanding amount against the account the request will not be processed.

5. In base of batetanding amount age	and the account the request will het be preced	3004.		
		For Office Use Only		
		Authorized Signature		
Name	Designation		*Authorized Signatory	*Company Stamp

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