BlueFuel
Fleet Application
Fleet Management

Company Details

Company:	Occupation:
Registration:	Customer account #: (Office use only)
VAT:	City:
Address:	Postal code:
Country:	
Source of Funds:	
What is the vehicle used for? (Tick box) ☐ Business Type of Business _____ ☐ Personal ☐ Taxi ☐ Long Haul ☐ Other _____	

Contact Person

First name:	Office phone:
Surname:	Mobile:
Position:	Email:

Banking Details

Bank:	Branch name:
Account number:	Branch code:
Account type:	

Title _____   Date _____

Name _____   Signature _____

Standard Bank Moving Forward™

BlueFuel
Fleet Card Application
Individual
Fleet Driver

Individual Details

Name and surname:	Occupation:
Identity number:	Customer account number: (Office use only)
Residential address:	City:
	Work number:
	Mobile number:
Country:	Email address:
Source of Funds:	

What is the vehicle used for? (Tick box)

☐ Business
　 Type of Business _____

☐ Personal
☐ Taxi
☐ Long Haul
☐ Other _____

Vehicle Details

Vehicle make and year model:	Vehicle colour:
Vehicle model:	Vehicle registration number:
Fuel type:	Tank size:

Filling Rules

Fills (daily)	Amount (daily)						
Fills (weekly)	Amount (weekly)						
Fills (monthly)	Amount (monthly)						
Litres (daily)	Max amount						
Litres (weekly)	Max litres						
Litres (monthly)	Days of the week	Sun	Mon	Tues	Wed	Thur	Fri	Sat

Title _____　　Date _____

Name _____　　Signature _____