

CREDIT CARD AUTHORISATION FORM

CREDIT CARD PAYMENTS

NB: YOU MUST PROVIDE A COPY OF THE FRONT OF YOUR CREDIT CARD IN ORDER FOR US TO FACILITATE PAYMENT. NO CARDS WILL BE PROCESSED WITHOUT THIS

Title (circle one)	Prof / Dr / Mr / Mrs / Ms		
First Name			
Surname/ Family Name			
Postal Address			
Postcode			
Telephone			
Fax			
Mobile			
Email			
Name and Date of Event	Introduction to statistical modelling and data analysis in R - 24 - 28 October 2022		
Please charge my credit card for my outstanding Fee			
Amount ZAR (South African Rand)			
Card Type (Tick one)			
Master Card	<input type="checkbox"/>	Visa	<input type="checkbox"/>
		Amex	<input type="checkbox"/>
Card Number			
CVC Number (Last 3 digits on the back of the card)			
Expiry Date	Month		Year
Today's Date	Day		Month
			Year
Please return this form to			
Name	Janet Sirmongpong		
Telephone	+27 21 406 6348		
Email	Janet.sirmongpong@uct.ac.za		

FRONT OF CREDIT CARD