

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 (Tick one)	Prof	Dr	Mr	Mrs	Ms
First Name					
Surname/ Family Name					
Postal Address					
Postcode					
Telephone					
Fax					
Mobile					
Email					
Name and Date of Event	ASAA 2022 CONFERENCE – 13 – 16 APRIL 2022				
Please charge my credit card for my outstanding Fee					
Amount ZAR (South African Rand)					
Card Type (Tick one)					
Master Card	Visa		Amex		
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