

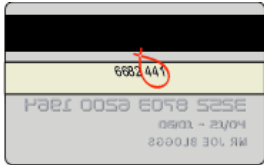


## CREDIT CARD AUTHORISATION FORM

**(FOR PAYMENT VIA CREDIT CARD ONLY)**

This is to certify that I, \_\_\_\_\_ (Credit cardholder's name), cardholder of

Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Master													
Card Number														
Security Code *							Expiry Date (MM/YY)							
Mailing Address #														



**\* Security Code**

The card security code is a unique three or four-digit number printed on your debit/credit card. The number is not embossed on the card so that it cannot be printed on receipts - making it difficult for anyone other than the genuine cardholder to know it. Some cards, many UK-issued cards for example, have a three-digit number printed at the top of the signature strip on the reverse of the card.

**# Cardholder's Mailing Address**

This should be the address to which your card statement is sent. It must match the address held by your card issuer exactly. If it does not, the retailer may decline your purchase, or defer acceptance of your payment and seek further proof of your address.

hereby authorize "Singapore General Hospital Pte Ltd" to charge a total amount of SGD \_\_\_\_\_ to the above credit card for payment of registration fee for **SGH ENT Instructional Course Fortnight 2018** which will be held from 3 – 20 August 2018.

Thank you.

Yours Sincerely,

\_\_\_\_\_  
(Cardholder's signature)

\_\_\_\_\_  
(Date)

**! Please complete all the details above, sign and email the form back to us at [entcourses@sgh.com.sg](mailto:entcourses@sgh.com.sg).**