



AUTHORIZATION FORM - PAYMENT BY CREDIT CARD

PLEASE FILL IN THE REQUIRED INFORMATION:

1	NAME OF PARTICIPANT																	
2	IDENTIFICATION / PASSPORT NUMBER																	
3	ADDRESS																	
4	TELEPHONE NUMBER																	
5	NAME OF CREDIT CARD HOLDER																	
6	IDENTIFICATION / PASSPORT NUMBER																	
7	Credit Card Number (16 Digits)																	
8	CVC / CVV Number (Last 3 Digits)																	
9	EXPIRY DATE	Day	Month	Year	Please tick: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard													
		/	/															
10	CREDIT CARD ISSUER (BANK)																	
11	AMOUNT TO BE CHARGED	Currency (Please tick) :																
		<input type="checkbox"/> USD <input type="checkbox"/> MYR																

I, HEREBY AUTHORIZE UNIVERSITI TEKNOLOGI MARA MALAYSIA TO CHARGE MY CREDIT CARD ACCOUNT IN THE AMOUNT AS STATED ABOVE.

SIGNATURE : _____

NAME : _____

DATE : _____