

## AUTHORISATION FOR CREDIT CARD PAYMENT

Please complete one form for each application or family group

Total payment \$NZ \_\_\_\_\_

Type of application

Number of applications \_\_\_\_\_

Descent Registration

Other

### CREDIT CARD DETAILS

Credit Card Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*please double check that your number is correct*

Please charge my: Mastercard/Bankcard

Visa

Expiry Date \_\_\_\_\_ / \_\_\_\_\_  
month / year

Full name of cardholder

Signature of cardholder