

Instructions: -

- 1) Please prepare this form by filling up the details (e.g name & date of event/workshop, dept holding this event).
- 2) Send the form to payee to fill up the personal particulars & payment details, duly signed as per back of credit card.
- 3) Send the completed form to Finance - Receipting @ NUHS Tower Level 13.
- 4) Original charge slip will be given to cardholder on the date of event via the user.
- 5) On date of event, user is to verified the signature on credit card.
- 6) All carbonized charge slips are to be duly signed and returned to Finance - Receipting

(name of event / workshop)

(date of event / workshop)

(dept holding this event)

Credit Card Authorisation Form

On behalf of NATIONAL UNIVERSITY HOSPITAL (S) PTE LTD

Date: *(today's date)*

To: *(name of user)*

Email: *(user's email address)*

Tel: *(user's contact)*

Fax: *(user's contact)*

Personal Particulars

Name (Prof / Dr / Mr / Mrs / Ms)		Gender	Male / Female
Organisation			
Designation			
Address			
Telephone		Fax	
Email			

This form is to authorise payment for registration fee of ***(event / workshop)***

(Information for Finance: Credit to (cost centre/IO/Dept Fund)

Course Fees: S\$ *(amt)* nett (inclusive of GST)

Credit Card to Guarantee: AMEX / VISA / MasterCard / Diners *(Please select)*

Cardholder Name: _____

Credit Card Number: _____

Expiry Date: _____

Signature (as per credit card): _____

(Credit card has to be presented on the date of event/workshop for verification purpose.)