

UNIVERSITY OF CAPE TOWN

CREDIT CARD FORM

Authorisation to Debit my Credit Card

I hereby authorise the University of Cape Town to debit my credit card as detailed below:

CREDIT

Cost centre: 420628

Name of delegate:

Amount:

CREDIT CARD DETAILS

Card name:

Card Number:

Expiry date:

Last three digits on back of card

ID number (for SA residents)

Card holder's name

Straight or budget (number of months)

Contact Telephone Number

Signature

Date

Please remember to include your registration form

Please fax or post to:

David Wardle
School of Languages & Literatures
University of Cape Town
Private Bag
Rondebosch
7701
SOUTH AFRICA

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