

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"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

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