



CREDIT CARD AUTHORISATION FORM

Authorisation for **VISA** and **MASTERCARD ONLY**

INITIALS AND SURNAME OF CARD HOLDER : _____

CIOB MEMBERSHIP NO. (IF APPLICABLE) : _____

CREDIT CARD TYPE (VISA / MASTERCARD) : _____

CREDIT CARD NUMBER

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CREDIT CARD EXPIRY DATE : _____

CVV NO. (LAST 3 DIGITS ON **BACK** OF CARD)

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AMOUNT AUTHORISED : R _____

SIGNATURE : _____

Please email / fax back to us on naomi@ciob.co.za / +27 (0)11 234 8354