CARD AUTHORISATION FORM

Please legibly complete all be	oxes below.				
Family Name of Applicant:					
Given Name of Applicant:					
Applicant's Date of Birth:					
Type of Passport/Service:					
Adult Ordinary Passport (35 v		Apostil	le of the Hague		
Minor Ordinary Passport (un		Certifie	Certified Copy		
Minor Ordinary Passport (ove		Witnes	Witnessing signature/Affidavit		
Senior Ordinary Passport (ov (five years validity passport)			Certificate of No-Impediment		
Emergency Passport			Courier (please ad	e)	
Passport and Notarial fees ca	n be found	at <u>Fees: Consular and I</u>	Passport Pas		
		Amount		Currei	ncy
I authorise the Australian Emba Australian Dollars (AUD) I under currency fluctuations.					
Cardholder's Name:					
l					
Card Type:		VISA / MASTERCA	RD		CREDIT / DEBIT
16-Digit Card Number:					
Card Expiry Date:					
Cardholder's Telephone No.:					
Email Address:					
Cardholder's/Applicant's Delivery Address: (street, city postal code and country):	,				
Please Note: All fees are month authorising us to deduct the co		-			this form, you are

Signature of Cardholder: Date:

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