

CARD AUTHORISATION FORM

Please legibly complete all boxes below.

Family Name of Applicant:

Given Name of Applicant:

Applicant's Date of Birth:

Type of Service:

Adult Ordinary Passport

Apostille of the Hague

Minor Ordinary Passport (under 16 y.o)

Certified Copy

Minor Ordinary Passport (over 16 y.o)

Witnessing signature/Affidavit

Senior Ordinary Passport (over 75 y.o)

Certificate of No-Impediment

Emergency Passport

Courier

Amount

Currency

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I authorise the Australian Embassy to deduct the above amount from my credit/debit card. When paying by credit card in Australian Dollars (AUD) I understand that I may incur banking and conversion fees and accept the risk associated with any currency fluctuations.

Cardholder's Name:

Credit Card Type:

VISA / MASTERCARD

**Is the cardholder
requesting
the service?**

YES / NO

Credit Card Number:

Credit Card Expiry Date:

Cardholder's Telephone No.:

Email Address:

**Cardholder's Postal Address:
(street, city, postal code and
country):**

Please Note: All fees are monthly adjusted as a result of the currency fluctuation AUD/EUR. By signing this form, you are authorising us to deduct the correct fee for service in case you have entered the incorrect amount.

Signature of Cardholder:..... **Date:**