



Tel: +27 21 6503192 Fax: +27 21 6502334

To avoid **duplications**, please fax the completed form only **ONCE** and **retain fax confirmation** for your records.

I authorize UCT to charge my credit card in payment of the CCA-CCR 2011 fee as indicated below:

Mastercard       Diners Club       Visa       American Express

Credit Card Number

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CVS number (3 or 4 digits)  
(see back of card)

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Expiry Date

M	M	Y	Y
---	---	---	---

Budget Account?

Yes	No
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If Budget, no of months

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Amount

												.		
--	--	--	--	--	--	--	--	--	--	--	--	---	--	--

Invoice Number

--	--	--	--	--	--	--	--	--	--	--

Customer Number

11237
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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Identity number of Cardholder**

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**Signature of Cardholder**

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**NAME OF CARDHOLDER**

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**ADDRESS OF CARDHOLDER**

**Tel No. during office hours/  
Cellphone No.**

**Email Address/Fax No.**

**Date faxed to UCT**

**FOR OFFICIAL USE:**

**DATE RECEIVED**

D	D	M	M	C	C	Y	Y
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**DATE PROCESSED**

D	D	M	M	C	C	Y	Y
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**BATCH NUMBER**

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**AUTHORISATION CODE**

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**REASON FOR REJECTION**

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**PROCESSED BY:  
(Print Name & sign)**

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