

Credit Card Payment Authorisation – Amateur Radio Examination



Please print this form, enter your personal information and credit card details as instructed and return with your completed application form

Please complete in BLOCK CAPITALS sections A, B & C

Candidate Details

A	Name of Candidate: <input style="width: 300px; height: 25px;" type="text"/>	Exam Level (tick): Foundation <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Exam Centre: <input style="width: 250px; height: 60px;" type="text"/>
	Date of Birth: <input style="width: 300px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> / <input style="width: 30px; height: 25px;" type="text"/> (dd/mm/yyyy)	
	Address of Candidate: <input style="width: 300px; height: 60px;" type="text"/>	
	Post code: <input style="width: 150px; height: 25px;" type="text"/>	

Credit Card Details (Please check your details – if incorrect, your application will be delayed)

B	Name of Cardholder: <input style="width: 300px; height: 25px;" type="text"/> <small>as written on card</small>	Type of Card (tick) : Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Other (please state) <input style="width: 100px; height: 20px;" type="text"/> <input type="checkbox"/>	
	Address of Cardholder: <input style="width: 300px; height: 60px;" type="text"/>		
	Post code: <input style="width: 150px; height: 25px;" type="text"/>		Telephone number: <input style="width: 250px; height: 25px;" type="text"/>
	Card Number: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>		
	Expiry Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> (mm/yy)		CVV <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <small>(last 3 digits on back of credit card)</small>
	Issue Date: <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> / <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> (if applicable)		Issue Number: <input style="width: 30px; height: 20px;" type="text"/> (if applicable)

Authorisation

C	I authorise charging the fee of <input style="width: 30px; height: 20px;" type="text"/> £ : <input style="width: 30px; height: 20px;" type="text"/> for the examination indicated to the card above	
	Cardholder Signature: <input style="width: 300px; height: 40px;" type="text"/>	Date: <input style="width: 150px; height: 40px;" type="text"/>