



CREDIT/ DEBIT CARD AUTHORISATION

Payment for seminar:

Date of seminar:

Course code:

Credit/Debit card Visa Master Bank:

Cardholder's Name:

Card No.: Expiry Date:

I authorise MAICSA to charge RM _____ for _____ (Name of participant) for the above seminar.

Cardholder's Signature:
(Signature must correspond with the specimen signature on card) Date:

DATA PROTECTION:

Personal Data is collected in accordance with the Personal Data Protection Act 2010.

Thank You.