

CREDIT CARD AUTHORISATION FORM

Seminar/webinar Title:

Seminar/webinar Date:

Course code:

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

Credit/Debit card Visa Master Bank: _____

Cardholder's Name: _____

Card No.: _____ Expiry Date: _____

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

Please email the form to **training@maicsa.org.my** or fax to **03-2283 4492**.

DATA PROTECTION:

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

Thank You.