

**CREDIT CARD PAYMENT AUTHORISATION FORM**

Full Names : \_\_\_\_\_

Card Number : \_\_\_\_\_

Card Type : \_\_\_\_\_

Expiry date : \_\_\_\_\_

CVV Number : \_\_\_\_\_ (Last three digits at the back of card)

Cardholder's Name : \_\_\_\_\_

ITEM	COST	QTY / NIGHTS	TOTAL
REGISTRATION FEE: Colloquium	R 500.00		R
ACCOMMODATION: Single @ Sunnyside Park Hotel / night	R 1420.00		R
ACCOMMODATION: 1% Tourism Levy / night	R 14.20		R
ACCOMMODATION: Double @ Sunnyside Park Hotel / night	R 1830.00		R
ACCOMMODATION: 1% Tourism Levy / night	R 18.30		R
Other (please specify)			R
Other (please specify)			R
<b>TOTAL AMOUNT DUE</b>			<b>R</b>

I hereby authorize TIME to debit the credit card for the amount specified for the RESILIENCE FOR DEVELOPMENT COLLOQUIUM 2017.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date