REQUEST TO PAY BY CREDIT CARD (EXAMS)

REQUEST MADE BY PHONE ☐ **REQUEST MADE IN PERSON** ☐

REQUEST MADE IN APPLICATION ☐

SEAFARER NAME	
DATE OF BIRTH	
SDS REFERENCE	

CARDS ACCEPTED Please tick the appropriate box below to indicate the chosen method

Maestro ☐ **Visa** ☐ **MasterCard** ☐ **Access** ☐ **Delta** ☐

Card Number			
Start Date			
Expiry Date			
Maestro Issue Number		Security Code (see below)	
Name of Card Holder			
Address of Card Holder Postcode			
Telephone Number			
Email Address			

Amount to be charged	**£**

Signature ☐ Date ☐

For Official Use Only:
Card Input

Signature & Date		

Security Code

The Security Code is the last three digits of the numbers on the reverse of the card, near to the signature strip. (See example left)