

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 to Exams, RSGB, 3 Abbey Court, Priory Business Park, Fraser Road, Bedford, MK44 3WH **ONLY**. Do **NOT** send to Exam Centres/clubs.

Please complete in BLOCK CAPITALS sections A, B & C

Candidate Details

A	Name of Candidate: <input style="width: 95%;" type="text"/>	Exam Level (tick): Foundation <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/> Exam Centre: <input style="width: 100%; height: 60px;" type="text"/>
	Date of Birth: <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 50%;" type="text"/> (dd/mm/yyyy)	
	Address of Candidate: <input style="width: 100%; height: 60px;" type="text"/>	
	Post code: <input style="width: 80%;" type="text"/>	

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

B	Name of Cardholder: <input style="width: 95%;" 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: 80%;" type="text"/> <input type="checkbox"/>
	Address of Cardholder: <input style="width: 100%; height: 60px;" type="text"/>	
	Post code: <input style="width: 80%;" type="text"/>	
	Telephone number: <input style="width: 95%;" type="text"/>	
	Card Number: <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/>	
	Expiry Date: <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> (mm/yy)	
	CVV Security Number: <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> (last 3 digits on back of credit card)	
Issue Date: <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> / <input style="width: 25%; text-align: center;" type="text"/> <input style="width: 25%; text-align: center;" type="text"/> (if applicable)		
Issue Number: <input style="width: 50%;" type="text"/> (if applicable)		

Authorisation

C	I authorise charging the fee of <input style="width: 40px; text-align: center;" type="text"/> £ : <input style="width: 40px; text-align: center;" type="text"/> for the examination indicated to the card above	
	Cardholder Signature: <input style="width: 95%; height: 40px;" type="text"/>	Date: <input style="width: 95%; height: 40px;" type="text"/>