

**CREDIT CARD AUTHORISATION FORM (one per passport application)**

**Please legibly complete all boxes below:**

|  |  |
|--|--|
| <b>Family Name of Passport Applicant:</b>  |  |
| <b>Given Name of Passport Applicant:</b>   |  |
| <b>Passport Applicant's Date of Birth:</b> |  |

**Type of Service:**

Adult Passport Renewal

Minor Passport Renewal (under 16yrs old)

Return Postage      YES       NO

**Amount: .....EUROS (passport application fee + postage fee if applicable)**

**I authorise the Australian Embassy in Brussels to deduct the above amount from my credit card.**

|                           |  |
|---------------------------|--|
| <b>Cardholder's Name:</b> |  |
|---------------------------|--|

|                            |  |
|----------------------------|--|
| <b>Credit Card Number:</b> |  |
|----------------------------|--|

|   |  |
|---|--|
| <b>Credit Card Expiry Date (MM/YY):</b> |  |
|---|--|

|   |  |
|---|--|
| <b>Credit Card CVC (3 digits at back of the card)</b> |  |
|---|--|

**Cardholder's Telephone No.:**

|  |
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**Contact email address:**

|  |
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**Cardholder's Postal Address: (street, city, postal code and country)**

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**Please Note: All fees are adjusted monthly due to the currency fluctuation AUD/EUR. By signing this form, you are authorising us to deduct the correct fee for the service, at the time of processing, in case you have entered the incorrect amount.**

**Signature of Cardholder:.....**

**Date: .....**