

FOR YOUR OWN SAFETY, THIS DOCUMENT WILL BE SHREDDED WITHIN TWO DAYS OF RECEIPT

Please supply the requested details below and send this form to the British Council office in Johannesburg by email at ssa.enquiries@britishcouncil.org or fax +27 (0) 86 5700 422.

Title:	Surname: <i>(as on ID)</i>		Initials:	Name:	
Exam venue: <i>(please circle)</i>	Johannesburg	Pretoria	Cape Town	Durban	Port Elizabeth
	Other:				

Payment for: <i>(please circle)</i>	Examination	IELTS Study Pack
-------------------------------------	-------------	------------------

The sum stated below will be paid by credit card: <i>(write out amount in full)</i>														
In numbers:							In words:							
Cardholders name:							Credit card type: <i>(Visa / Mastercard / Other)</i>							
Card number:														
Expiry:			M	M	Y	Y	CVC: <i>(last 3 digits on back of card)</i>							
ID / Passport number:														
Debit instructions:				Straight				Budget over _____ months						

I hereby give the British Council South Africa the permission to debit my card to the amount of R_____.			
I declare that all the information provided in this form is true and correct:		Yes	No
Signature:			

Email: ssa.enquiries@britishcouncil.org Fax: +27 (0) 86 5700 422

www.britishcouncil.org.za