

## CREDIT CARD AUTHORISATION

**Seminar Title:**

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**Seminar Date:**

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**Course code:**

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I authorise MAICSA to charge RM \_\_\_\_\_ for \_\_\_\_\_  
(Name of participant) for the above seminar.

Credit/Debit card  Visa  Master Bank: \_\_\_\_\_

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

Card No.: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_  
(Signature must correspond with the specimen signature on card) Date: \_\_\_\_\_

**DATA PROTECTION:**

Personal Data is collected in accordance with the Personal Data Protection Act 2010.

**Thank You.**

Please email the form to [training@maicsa.org.my](mailto:training@maicsa.org.my)