



Koninkrijk der Nederlanden

## CREDIT CARD AUTHORISATION FORM FOR PAYMENT OF A VISA OR PASSPORT FEE

Please legibly complete all boxes below.

Family Name of Applicant: \_\_\_\_\_

Given Name of Applicant: \_\_\_\_\_

Applicant's Date of Birth: \_\_\_\_\_

Application/Visa Type: \_\_\_\_\_

Amount AUD \_\_\_\_\_

I authorise the Netherlands Consulate General to deduct the above amount  
from my credit card.

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

Credit Card Type: \_\_\_\_\_

Is the cardholder applying for the visa/passport? (Please circle) Yes/No

Credit Card Number \_\_\_\_\_

Credit Card Expiry Date: \_\_\_\_\_

Cardholder's Telephone Number or Email Address:

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

\_\_\_\_\_  
\_\_\_\_\_

Signature of Cardholder:

\_\_\_\_\_

Date: \_\_\_\_\_