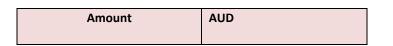
CREDIT CARD AUTHORISATION FORM FOR PAYMENT OF A VISA APPLICATION CHARGE (VAC)

Please legibly complete all boxes below.

| Family Name of Applicant: | |
|----------------------------|--|
| Given Name of Applicant: | |
| Applicant's Date of Birth: | |
| Application/Visa Type: | |



I authorise the Australian Embassy to deduct the above amount from my credit card. When paying by credit card in Australian Dollars (AUD) I understand that I may incur banking and conversion fees and accept the risk associated with any currency fluctuations. I acknowledge that, from 19 April 2014, a surcharge will apply to all credit card payments.

| Cardholder's Name: | | |
|---|--|-----------|
| Credit Card Type: | Is the cardholder applying for the visa? | Yes No |
| Credit Card Number: (16 digits) | | |
| Credit Card Expiry Date: | | |
| Cardholder's Telephone No./Email Address: | | |
| Cardholder's Postal Address: (street, city, postal code and country): | | |
| | arges are adjusted every six months on 1 Janua dexation. By signing this form, you are authoris | |

of biannual foreign exchange indexation. By signing this form, you are authorising us to deduct the correct visa application charge and the credit card surcharge if you have entered the incorrect amount.

Signature of Cardholder: -----