



# Department of Foreign Affairs and Trade

## Credit Card/Debit Authorisation Form

Please fully complete this form using printed letters.

Payment is for:     Adult Passport    Child Passport    Notarial Services    Postage Fee

Name on Application: \_\_\_\_\_

Application Number: \_\_\_\_\_

Credit Card:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<div style="display: flex; justify-content: space-around; align-items: center;"> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="font-size: 24px; margin: 0 5px;">-</span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="font-size: 24px; margin: 0 5px;">-</span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> <span style="border: 1px solid black; width: 30px; height: 30px; display: inline-block;"></span> </div>		
Expiry Date: _____/_____/_____	Total Amount: _____ SEK	
Name on Card: _____		
Card Holders Signature: _____		Date: _____/_____/_____

**Card Holders Details:** (These details are required in case of payment error)

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_