**DFAT CREDIT CARD DEDUCTION AUTHORITY for STOCKHOLM**

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| *Please complete this form in CAPITAL letters***Applicant Full Name:** ..............................................................................................................................*(Passport applications only)**Passport Application Form Number: ........................................................................................................**DOB (DD/MM/YYYY): ........../............/...........* |

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| **Address:** Street name & number ............................................................................................................City: ............................................................................ Postcode: .………………………………………..Country: ...................................................................................................................................Contact phone number: ...........................................................................................................................Email address: .......................................................................................................................................... |

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| **Passport Type:**☐ Adult: AUD 576 x …… ☐ Child 0-15 years: AUD 288 x …… ☐ Child 16-17 years: AUD 485 x ……☐ Senior (75+): AUD 379 x …… ☐ Replacement: AUD 250 x …… ☐ Emergency Passport: AUD 250 x ……☐ Other: AUD……………… |
| **Notarial Type:**☐ Witness of signature: AUD 85 x …… ☐ Apostille AUD 98 x …… ☐ CNI: AUD 171 x ……☐ Certified copy: AUD 85 x …… ☐ Authentication AUD 98 x …… ☐ Other: AUD………………\* full fee list found on our website: [Fees (embassy.gov.au)](https://sweden.embassy.gov.au/stok/Servicesfees.html) |
| **Postage Type:**☐ Registered post in Sweden 1x passport/notarial: AUD 15☐ Registered post in Sweden 2x or more passports/notarials: AUD 18 ☐ Registered post in Finland, Latvia, Estonia 1x passport/notarial: AUD 21☐ Registered post in Finland, Latvia, Estonia 2x or more passports/notarials: AUD 25☐ Pick-up in Stockholm: FREE  |
| **Amount to be debited (AUD): $ ..............................  All fees in AUD** |

**Cardholder to complete:**

Please debit my: Visa ☐ MasterCard ☐ American Express ☐

Card Number:

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Expiry Date:

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CCV: (3 or 4 digits)

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Cardholder’s name: ..................................................................................................................................................

Cardholder signature: .......................................................................... Date: …........................................................

Postal/email address (if different from above): ........................................................................................................

Phone number (if different from above): ..................................................................................................................

DFAT holds all personal information in accordance with our Information Privacy Policy [www.passports.gov.au/protecting-your-privacy](http://www.passports.gov.au/protecting-your-privacy)