**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)