

Credit Card Authorisation form for Online Payments for school exams

Thank you for registering with British Council for the School exams.- In order to provide greater reassurance to our valued customers paying online by credit card we are enhancing our procedures with immediate effect.

As part of this change we request all candidates / clients paying for a test by credit card to provide us with a signed copy of this authorization form.

We regret the inconvenience but hope you will appreciate that this is to protect you our valued customer We understand that while it may be a bit inconveniend this first time , ultimately our security precaution ensures the protection of your financial information and helps in preventing credit card misuse.

We must receive the below requested information before we can process your application for the exam.

Candidate Registration Reference number: _____

Full Name: _____

Test Date: _____

Payment date: _____

CARD HOLDER DECLARATION

Card Holder Name: _____

Mailing address: _____

Billing address: _____

Country: _____

Phone number: _____

E mail: _____

CREDIT CARD CONFIRMATION : (Please select one of the following and make sure you have entered correct information of the card which has been used for making school exam payment)

Master Card (last four digits of card #)

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Visa Card (last four digits of card #)

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Debit Card (last four digits of card #)

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Issuing bank name _____

Any other card applicable in our market _____

(last four digits of card #)

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I hereby confirm the following:

- I am the legal card holder as per the details mentioned above
- I am legal card holder as per the details confirmed above but give permission

to _____ (*insert name of applicant*) to use my card as indicated in the Permission of Use section . ***Once the order has been placed or services have been received, I will not proceed for cancellation of the order.***

Card holder signature: _____

Date: _____

ID REQUIREMENTS TO EMAIL:

1. ***Copy of front and back of physical credit card. BLOCK OUT ALL but the last four digits of card # . *This verifies you have the card***
2. ***Copy of TOP ONLY of your billing statement .BLOCK OUT ALL but the last four digits of card #. This verifies billing address /card owner`s name.***
3. ***Copy of photo ID * this verifies your name /photo.***

Please send it to us at

gce.lahore@britishcouncil.org.pk for Lahore,

gce.Islamabad@britishcouncil.org.pk for Islamabad and

gce.karachi@britishcouncil.org.pk for Karachi

Within 5 working days of making the online payment