





## **AUTHORISATION TO CHARGE**

| This is to confirm that                   |   |                 |
|---|---|-----------------|
|   | (Cardholder Name)   |                 |
| Scotts to undertake the                   | charges for(Amount)   |                 |
|   | (Amount) (Room Only/Room with Breakfast/All Charges/Vouchers/                             | Seminar Charges |
| with confirmation num                     | ber:to  (Date you are undertaking)  |                 |
|   |   |                 |
| My credit card details a                  | are below:  |                 |
| Type of Credit Card                       | : Amex  |                 |
| <b>Credit Card Number</b>                 | :Expiry Date :  |                 |
| Name of Cardholder                        | :   |                 |
| Billing Address                           | :   |                 |
| Contact Number                            | :(Res)(HP)  | _(O)            |
|   |   |                 |
| A also assida dasa di assida sa           | adagtalaga kun  |                 |
| Acknowledged and un Personal Data Protect | •   |                 |
|   |   |                 |
| The personal information                  | ion provided in this application form shall be processed in accordance with the provision | ons of          |
| the Personal Data Prot                    | tection Act and to comply with local law and regulations (where applicable).              |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
|   |   |                 |
| Credit Cardholder Auth                    | horised Signature / Date Full Name as per Passport / ID No.                               |                 |

