**Card Authorisation Form 5**

Please complete **all fields** below and send this form back to us, preferably as an image file (e.g. jpg, jpeg, tiff, etc).

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| --- |
| **Credit Card Information** |
| Card Type: □ MasterCard □ VISA □Maestro □Diners □ AMEX |
| Cardholder Name as shown on the card: |
| Card Number (16 digits): |
| Expiration Date: mm /yy : \_ \_ / \_ \_ |
| Last three digits on the back of your card (CVV, CVD): |
| Transaction Reference as it will show in your card account statement: “(your) *Surname, (your) Name* *32 ICOP fees*”We recommend the following reference:[i.e*. (your) Surname (your) Name 32nd ICOP fees]* |
| Your Email address of the cardholder (where the receipt will be sent): |
| Your MOBILE PHONE (because you will receive a confirmation SMS, about this transaction, from your bank): |

**Signature (or initials): Date:**

Please send this form, preferably as an image file at: **secretariat@iagp.gr**

**We destroy this form directly after receiving it.**