General Optical Council

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Credit card payment form

I authorise the below amount to be debited to my credit card

Authorised payment amount: £ _____

The payment is for (name of registrant): _____

GOC number of the registrant: _____

Card type: ☐ VISA ☐ MasterCard ☐ Maestro ☐ Delta ☐ Solo

Card number:

Card security code:

(The final 3-digit number printed on the signature strip)

Expiry date (date/month/year eg 11/10/2008)

Issue number (if applicable)

Start date (date/month/year eg 11/10/2003) (if applicable)

Name of cardholder:

Cardholder's billing address and telephone number:

_____

Cardholder's signature: _____ Date: _____

We will contact you as soon as possible in the case of any problems with your payment.

Send your completed form to:

The General Optical Council
41 Harley Street
London W1G 8DJ