

CREDIT CARD AUTHORIZATION FORM

Amount to be charged: RM / USD _____

Card Type

 

Credit Card Number

Expiry Date

/

.....
Name as Printed on Card

.....
Cardholder Signature

** Please return this form to: tnching@mpob.gov.my (Attn: Ting Ngoot Chin)

For Enquiries:

Ting Ngoot Chin

tnching@mpob.gov.my/+603-8769 3910

Nurul Aishah Musa

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