



## VISA APPLICATION PAYMENT BY CREDIT/DEBIT CARD

Please complete this form to facilitate payment by Credit/Debit Card.

**(Important Notes to Sponsor or Applicant: Please note that NO correction fluid and amendments are allowed or else, a fresh Form has to be furnished.)**

### Particulars Of Applicant

Name:	Sex:	Date of Birth:	Nationality:
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### To : Commissioner ICA

# I wish to pay by Credit/Debit Card\*: -  Visa Card  Visa Electron Card

Mastecard Credit Card  Mastercard Debit Card

Account No.

Expiry Date (month/year): \_\_\_\_\_ Amount Payable: (\$)\_\_\_\_\_

Cardholder's Name : \_\_\_\_\_

**I hereby declare that all the particulars furnished by me in this application are true and correct.**

\_\_\_\_\_  
Signature of Sponsor /Applicant\* & Date

Tel No : \_\_\_\_\_

Name of Sponsor /Applicant\* : \_\_\_\_\_ NRIC/FIN\* No : \_\_\_\_\_

#Please tick (✓) in the appropriate box

\*Delete where appropriate