



P. O. Box 689, Main Street, Charlestown, Nevis, West Indies
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CREDIT CARD AUTHORISATION FORM

This form must be completed, signed by the relevant signatory and accompanied by a copy of front and back of the credit card and the card holder's I.D in order to complete any request. Please email to info@nevisfsrc.com.

I, _____, hereby authorise the Nevis Financial Services (Regulation & Supervision) Department to charge my personal/corporate credit card listed below for payment and filing fees for and behalf of:

Name: _____

Date: _____

Type of Card: MASTER CARD VISA

Card Number: _____ Expiration Date: ____/____ (Month/Year)

Name as Printed on the Card: _____

Card Holders Signature: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

Amount to be charged: XCD _____

Charges to be billed on this Credit Card (Please List)

This form will be kept on file and remain in effect until the cardholder specifically revokes it in writing. It is the responsibility of the cardholder and/or firm named above to submit a new form and notify the Department when 1) there is an authorised user change; 2) a credit card has been renewed resulting in a new expiration date and 3) a card has been revoked, canceled or stolen.