



Embassy
of the Federal Republic of Germany
Port-of-Spain

Credit Card Authorization

I _____

born on _____ in _____

Living at (please use address registered with your credit card operator)

hereby authorize the Embassy of the Federal Republic of Germany, 19 St. Clair Avenue, St. Clair,
190125 Port-of-Spain, Trinidad W.I. to charge my credit card

credit card no: _____

expiry date: _____

CVC: _____

with following costs _____

Place, Date

signature