

Acceptance of Offer Credit Card Payment Submission

Please do not use this form if you will be using our online payment facility.

Student No:

Applicants Personal Details

Last Name:

Given Names:

Date of Birth: / /
Day Month Year

Email address:

Telephone:

Mailing Address:

Credit Card Details

Cardholders name as it appears on the Credit Card

Type of Credit Card

VISA

Mastercard

AMEX

Diners

Credit Card Number

/

Credit Card Expiry Date

AUD\$

Amount

Signature of Credit Cardholder

/ /

Date



The University of Sydney

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CRICOS Provider Code 00026A

Privacy Policy

The information on this form will be used to take payment of your Acceptance of Offer.

This information is protected in accordance with the University of Sydney's Privacy Policy.

Additional information is available on page 2 of this booklet, or refer to <http://www.edu.au/privacy.shtml>