



PERSATUAN AKTUARI MALAYSIA
ACTUARIAL SOCIETY OF MALAYSIA

Credit Card Payment Authorization

I, _____, hereby authorize
ACTUARIAL SOCIETY OF MALAYSIA to charge RM _____ to my Credit Card as
follows:-

Cardholder Name: _____

Credit Card Type: Visa MasterCard ASM Direct Access MasterCard


Card Number:

Start Date (mm/yy): Expiry Date (mm/yy):

Cardholder Signature: _____ Date: _____

The Actuarial Society of Malaysia accepts no responsibility for any loss or interception of this information during transmission by any medium.

Please return this form to the Secretary at :

 Email: secretary@actuaries.org.my