

Merchant Information

Merchant Name: The Hong Kong Orthopaedic Association

Contact Person : Ms. Eva Liu

Tel : 2255-4257

Fax : 2817-4392

Address : C/o Dept of O & T, 5/F Professorial Block, QMH, Pokfulam, HK

Authorization Form



I hereby authorize The Hong Kong Orthopaedic Association to charge from my below credit card account in settlement of membership fee

Credit Card Information

Credit Card Number : CVV2 / CVC2* : (Last three digit on card's signature panel 背後簽名欄上的最後3位數字)

Cardholder Name : _____

Expiry date : (MM / YY)

Issuing Bank : _____

Products Description : HKOA Membership Fee

Total amount : HK\$ _____

Cardholder signature : _____
(Same as the signature planet of the Card)

Date : _____