

**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 &amp; T, 5/F Professorial Block, QMH, Pokfulam, Hong Kong

# 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 : \_\_\_\_\_