



Australian Government

Department of Foreign Affairs and Trade

DFAT CREDIT CARD DEDUCTION AUTHORITY

CUSTOMER AUTHORITY

Passport Application Form Number:

Applicant Full Name:

DOB (DD/MM/YYYY): /.. /.....

Address:

No:

Street Name:

Town/Suburb:

City:

Country:

Contact Phone Number: Mobile:

Email Address:

Lodgement Post:

Passport Type:

Adult: Child: Senior: EY:

Delivery Method

Courier Fee: Urban Delivery Rural Delivery Collection from Wellington High Commission

Fee(s): Payment Details

Amount to be debited: \$

Please Debit my: Visa MasterCard

(Please note that DFAT does not accept Diners Club or American Express credit cards)

Card Number:

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Expiry Date:

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CCV:

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Card Holders Name:

Card Holder Signature:Date:

Postal/email address:

Phone number:

DFAT holds all personal information in accordance with our Information Privacy Policy