



كلب فناك PANAGA CLUB

E5, Spg 469, Jalan Utara, Panaga, Seria KB3534, Negara Brunei Darussalam
Tel: 3375316 / 3372794 / 3372971 / 3376812

CARD PAYMENT AUTHORISATION FORM

I, Cardholder name _____

hereby authorised Panaga Club to charge BND _____ as

payment to my below card details for the club membership account as follows:

Card Number : _____

Card Type : Please tick > VISA ☐ OR MASTERCARD ☐

Card Expiry Date : _____

Club Member Account Number : _____

Member Name : _____

Payment for/other remarks (if any) : _____

Cardholder Signature : _____

Contact Number : _____

Date : _____

Note:

- 1) Not applicable for Resigned Members.
- 2) If no payment remarks, the payment will be allocated accordingly in order of transaction dates.
- 3) Cardholder must be the member however if close family members (e.g. spouse) to pay on your behalf, please complete the below or provide an authorisation document (e.g. letter).

AUTHORISATION APPLICABLE TO NOTE 3 ONLY:

I, Panaga club member name _____ authorise the above cardholder to pay my club membership account on my behalf in relation to the above stated information and also on Page 2.

Member Signature: _____ Date: _____

CARD PAYMENT AUTHORISATION FORM - Request of additional payments

	Payment date	Payment amount	Payment remarks (if any)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

I hereby authorised Panaga Club to charge the above amounts according to the requested payment dates or alternatively if I wish to pay the subsequent monthly outstanding amounts in full based on the statement of account, I will put the relevant payment remarks for them to take effect accordingly. Any additional payments can only be facilitated up to a maximum of 6 months in advance within the card expiry date and threshold limit. Any deviations will be subjected to further approval.

Cardholder Signature : _____
(Authorisation in additional to Page 1)