



BRITISH CONSULAR SERVICES FEES IN UGANDA
CREDIT / DEBIT CARD – PAYMENT AUTHORISATION SLIP

Please print this form and enter your personal information and credit/debit card details as instructed. Once fully completed and signed, please post to:
British High Commission Kampala, Plot 4 Windsor Loop P.O.Box 7070 Kampala

APPLICATION DETAILS
Name of applicant: _____
Application Number: _____
<input type="checkbox"/> Fee 19 - Emergency Travel Document (£100)
PAYMENT DETAILS
Name on card: _____
Contact number of payee: _____
Relation to applicant (if not applicant): _____
Type of card: <input type="checkbox"/> Visa <input type="checkbox"/> Visa Debit <input type="checkbox"/> Mastercard <input type="checkbox"/> Mastercard Debit
Card Number: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>
Expiry Date: <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> / <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> Currency to charge in: <input type="checkbox"/> GBP

✂ -----
I authorise the Foreign, Commonwealth & Development Office to charge my card ending for the amount of GBP £..... If paying in local currency, the amount will be the equivalent using the Consular Rate of Exchange at time of payment.

The Foreign, Commonwealth & Development Office accepts no responsibility for this form until receipt by the FCDO of the form.

Signed by the Cardholder: _____ Date: _____

For Embassy's use:

Application Number: _____ Barclaycard reference: _____
Processed on: / By: _____