

If the cardholder presents this form in person at the FSO with their card, then Section 5 does not need to be completed as the transaction will be processed as a Chip & Pin transaction, otherwise Sections 1 to 3 and 5 must be completed within the department as the transaction will be CNP (cardholder not present).

**Section 1**

Department Name: **Space & Climate Physics - MSSL**  
Contact Name: **Rosalind Medland**  
Telephone Number: **01483 204112**  
Fax Number: **01483 278312**  
Amount: £  
Payment for: (a full description is required)  
**Neutron Star Conference 24<sup>th</sup> April 2006 Registration Fee**

Departmental account code: **CV95** Analysis Code **\_3CAR** VAT Code **N**

Or if in payment of Official UCL invoice: Customer Code \_\_\_\_\_  
Invoice Number \_\_\_\_\_

**Section 2**

Method of Payment (tick one):

<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Maestro	<input type="checkbox"/> Maestro UK
-------------------------------	-------------------------------------	----------------------------------	-------------------------------------

**Under no circumstances must American Express be accepted.**

Card Holder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiry Date (mm/yy): \_\_ / \_\_

Card Issue Number (if applicable): \_\_

Signature of cardholder: \_\_\_\_\_

**Section 3**

Details confirmed by Department: \_\_\_\_\_

Date : \_\_\_\_\_

**Section 4**

**For action by Financial Services Office (Ext 32573) :-**

Received: \_\_\_\_\_ Cardholder Present: No/Yes

Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_ FSO Stamp

Receipt No: SN/SR \_\_\_\_\_

\_\_\_\_\_  
If completed - Please tear and destroy below once processed

**Section 5**

Card Security Code: \_\_ \_\_ \_\_

Full Postal Statement Address of Cardholder:

\_\_\_\_\_  
\_\_\_\_\_  
Post Code \_\_\_\_\_