
STUDENT DETAILS

Programme of Study Erasmus
(Please tick one box)
Study Abroad/Exchange

(Please print all details in capital letters)

Name (in full): _____

Address: _____

Postcode: _____

Country of Residence: _____

Telephone Home () _____

Fax () _____ Email _____

CARDHOLDER DETAILS

Type of Credit Card
(Please tick the appropriate card)

VISA Mastercard

Cardholder's Name: _____

Expiry Date of Card

Card Number

Security Code (last 3 digits on back of card)

Total amount to be charged against your credit card: £300

I hereby authorise Queens University Belfast to debit my credit card with the above amount.

Signature of _____ Date _____
Authorised Cardholder

Payment by mail
Queen's International
Queens University Belfast
Belfast BT7 1NN
Northern Ireland
United Kingdom

Payment by fax
+44 28 9097 5089