



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:

Passport Type:

Adult: Child: Senior (75yrs and above, 5 year validity):

- Replacement Passports for Visa Pages & minor damage are **unavailable mail**, please make an appointment.

Fee(s): Payment Details:

Amount to be debited: \$.....

Please Debit my: Visa MasterCard AMEX

(Please note that DFAT does not accept Diners Club)

Card Number:

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Expiry Date:

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CCV:

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Card Holders Name:.....

Card Holder Signature:Date:

Passport Delivery Method:

- **Collect** from Australian High Commission, 25 Napier Road, Singapore, 258507

- **Registered Post** to your Singapore Home Address.