



# ធនាគារ អេស៊ីលីដា ភីអិលស៊ី

## ACLEDA Bank Plc.

### Credit/Debit Card Authorization Letter

Sign and complete this form to authorize [International Business Chamber \(IBC\)](#) to make a debit to your credit/debit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

**Please complete the information below and return the signed form with password protection to email address:**

[bunchhoeun@acledabank.com.kh](mailto:bunchhoeun@acledabank.com.kh) or [ou.kaliyan@acledabank.com.kh](mailto:ou.kaliyan@acledabank.com.kh)

- Note: Please send password to open the letter in separate email.

I, \_\_\_\_\_ (*Full Name*), authorize [International Business Chamber \(IBC\)](#) to charge my credit/debit card account indicated below in amount of USD \_\_\_\_\_

amount in word \_\_\_\_\_ on or after \_\_\_\_\_

(*DD/MM/YYYY*) in the purpose of [IBC Investment Conference 2014 Registration Fee](#).

ID/Passport Number : \_\_\_\_\_

Phone Number : \_\_\_\_\_

Contact Address : \_\_\_\_\_

Email Address : \_\_\_\_\_

Card Type :  Visa Card     JCB Card     UPI Card

Cardholder Name : \_\_\_\_\_

Credit/Debit Card Number : \_\_\_\_\_

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

CVV2/Security Code : \_\_\_\_\_

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Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the [IBC](#) to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the **IBC Investment Conference 2014 Registration Fee**, for the amount indicated above only, and it's valid for one time use only and I will be responsible for solving any problem related to my card transaction if any error. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit card Bank/company; so long as the transaction corresponds to the terms indicated in this form.

អគារលេខ៦១ មហាវិថីព្រះមុនីវង្ស សង្កាត់ស្រះចក ខណ្ឌដូនពេញ រាជធានីភ្នំពេញ ព្រះរាជាណាចក្រកម្ពុជា

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