

STEMLIFE BERHAD
B-7-15, Megan Avenue II
12, Jalan Yap Kwan Seng
50450 Kuala Lumpur
Tel : 603-2163 8800
Fax : 603-2164 9808

Attn to Finance Department

Dear Sir / Madam,

CREDIT CARD PAYMENT AUTHORISATION LETTER

I, _____, hereby authorize StemLife Berhad until further notice to charge my credit card stated below towards the balance of my enrolment fees for * Option B / C

(Baby's Mother Name : _____)

The details of my credit card are as follows :

* Card : VISA / MASTERCARD

Issuing Bank : _____

Card No. : - - -

Expiry Date : /
(*month*) (year)

Yours sincerely,

.....
(Signature as per card)

Date : _____

Note:

1. Customers who wish to pay via credit card, please complete the details required in this Credit Card Authorisation Letter and mail / fax the said letter to StemLife Berhad.
2. Please indicate the baby's mother name

* Please delete where not applicable