CARD AUTHORISATION FORM



IMPORTANT NOTES

- 1. For MasterCard or Visa debit cards, you are advised to liaise with your issuing bank to ensure your card is enabled for
- 2. Email the duly completed and signed form to finance@stemlife.com or WhatsApp to +6016-261 6112.
- 3. Please write in **CAPITAL** letters and tick (\lor) where applicable.

A. CLIENT INFORMATION – AS P	ER CONTRACT(S)		
Mother / Father's Name as in NRIC	/ Passport :		
NRIC / Passport No. :			
B. CARD DETAILS			
One time charge for:			
_		A 200 0 4 10 1	
Invoice No. : Amount : Amount : Enrol for Auto Debit Service for yearly storages for contract(s) under the name in Section A.			
	, , ,		
-	to Debit Service for contract(s) under		Α.
Cancellation of Auto Debit Ser	rvice contract(s) under the name in S	ection A.	
Card Type : Visa Credit	MasterCard Credit	Visa Debit	MasterCard Debit
Issuing Bank :			
Name on Card :			
Card No. : -		Expiry Date	e : M M / Y Y
C DECLARATION			
C. DECLARATION			
I request the service as selected ab and valid.	pove. By signing this form, I confirm t	the information and d	locuments provided are true
I hereby authorise Stemlife Be card details as stated above.	erhad / Stemlife Therapeutics Sdn Bh	d / Stemlife Biotechno	ology Sdn Bhd to charge my
 Date	Cardholder's Signature as per	Card	Client's Signature