Singapore General Hospital
SingHealth

Health Information Management Services
Singapore General Hospital
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FORM C - CREDIT CARD AUTHORISATION FORM

Part 1 - Particulars of Applicant	
Name:	Relationship to Patient (please specify):
Address:	Contact No: Email:

Part 2 - Particulars of Patient		
Name:	NRIC / HRN:	Amount:

Part 3 – Payment Details & Authorisation

I wish to make payment for the medical report request on the patient stated in Part 2 of this application form and hereby authorise the Hospital to charge to my credit card below, upon your receipt of this application such amount(s) stated in the "Amount" section of Part 2 above.

Card Type*: Amex / MasterCard / Visa

Name on Card: _____

Credit Card No: _____ - _____ - _____

Expiry Date (mm/yy): _____

* (please delete where applicable)

Part 4 – Declaration

I confirm that I have read, understood and agree to the terms and conditions set out herein.

In addition to the authorisation set out in Part 3 of this application form, I agree and accept the following additional terms and conditions:

1. I confirm that the information provided by me herein is true and accurate.
2. I undertake to inform you of any change in my particulars or payment details set out above.
3. I agree that you have the right to cancel this mail order service, or vary the terms and conditions at any time without assigning any reason whatsoever.
4. I agree and undertake that in the event the mode of payment set out in Part 3 is not available for any reason (including without limitation the abovementioned cancellation or the change of my payment details), I shall immediately make payment of the amount(s) stated in Part 2 via another mode of payment acceptable to you.
5. I confirm that I shall not hold you or any of your employees, agents or representatives responsible or liable in any way for, and will hold you harmless against, any losses and damages arising from or in connection with the mode of payment selected by me herein.

_____ Date

_____ Signature (as on Credit Card)