

In order to progress your application, the Australian Dental Council requires written authorisation from you to deduct the relevant fee from your credit card. Please note, by completing this form you are providing the Australian Dental Council with the required authorisation. Cardholder details will be destroyed after payment has been processed.

**APPLICANT/CANDIDATE DETAILS**

ADC reference no.

Full name

Number and street

Suburb/Town/City  Postcode

Country

Home phone number (Including country code) +    Mobile number (Including country code) +

**CARD HOLDER'S AUTHORISATION**

Please refer to the current Schedule of Fees at [adc.org.au/practitioner-assessments](http://adc.org.au/practitioner-assessments) for current fees. The Australian Dental Council will not process *Credit card authorisation* forms with incorrect fees.

I, \_\_\_\_\_ authorise the Australian Dental Council to deduct from my credit card the following application fee for the above candidate.

- Initial assessment                       Written examination                       Practical examination
- Other **(Please specify)** \_\_\_\_\_


Credit card type **(Please tick)**                        **mastercard.**                       **VISA**

Name on credit card

Card number

Amount \_\_\_\_\_                      Expiry date (MM/YY)   /

Card holder's signature \_\_\_\_\_                      Date   /   /

 **Post applications and certified documents to: PO Box 13278, Law Courts Vic 8010, Australia**  
**If you plan on sending your documents via courier, please post to Level 6, 469 Latrobe Street, Melbourne Vic 3000**