



ROYAL COLLEGE OF
PHYSICIANS AND
SURGEONS OF GLASGOW

Examination Payment form - PLEASE COMPLETE ALL SECTIONS

Candidate Name (Block Capitals) _____

Examination _____ Date of Examination _____

Payment method (please tick one box only)

Bank Draft Cheque Credit Card Debit Card

Bank Draft/Cheques: Bank drafts or cheques should be in pounds sterling and made payable to 'The Royal College of Physicians and Surgeons of Glasgow'.

Credit/Debit Card

Card Type Visa MasterCard Maestro Delta JCB Visa Debit

| | |
|---|--|
| Name of Cardholder as it appears on credit/debit card | |
| Billing Address of Cardholder | |
| E-mail Address of Cardholder | |
| Telephone Number of Cardholder | |
| Signature of Cardholder | |

Card Number

Security Code (last 3 numbers on signature strip)

Start Date (mm/yy) Expiry Date (mm/yy)

Issue Number

Amount to be debited from Card: _____ (GBP)

Please see important information on the following page.

The method of payment form should be completed by all candidates and must accompany your application form to reach the College by the closing date for applications. Failure to complete any part of this form may delay the application process and may result in you being unable to sit the examination at the requested diet.

WITHDRAWALS

Any candidate withdrawing an application for admission to an examination must do so in writing. Provided a withdrawal request is received before the application closing date, a full refund of the examination fee will be issued, less an administration fee. After the application closing date, refund of the fee will not normally be made to a candidate who withdraws or fails to attend.