

# Credit or Debit Card Authorisation

Cardholder Name: LAM KENG KWONG

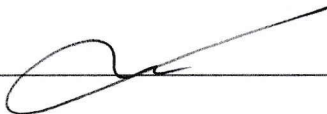
Billing Address: 18 A ROSE LANE  
SINGAPORE 437378

Card Number: 5264 7110 2806 6019

Expiry Date: 12/23 CV2: 726

Amount: 360.15 EUR

I hereby authorise Falk Culinair to debit my card for full payment of the amount above. The card details above are true and correct.

Signed:  Date: 3/12/2020