

# Credit or Debit Card Authorisation

Cardholder Name: MR WALDO B KOTZE


Billing Address: 478 LOIS AVENUE  
ERASMUSKLOOF  
PRETORIA

Card Number: 4483 8100 5759 4012

Expiry Date: 01/21 CV2: 282

Amount: 454.42 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: 2 NOVEMBER 2020