

Credit or Debit Card Authorisation

Cardholder Name: WALDO B KOTZE


Billing Address: 478 LOIS AVENUE
ERASMUSKLOOF
0181

Card Number: 4483 8100 5759 4020

Expiry Date: 12/23 CV2: 297

Amount: 396.80 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: 8 August 2021