

VFS SINGAPORE PTE LTD
NEW ZEALAND VISA APPLICATION CENTRE SINGAPORE
CREDIT CARD AUTHORISATION FORM

Payment of the visa application fee, VAC service fee and return courier fee

Please note that all fees including the visa application fee, service fee and courier fee are NON-REFUNDABLE.

Visa application fee charges: www.immigration.govt.nz/fees

VAC service fee is SGD 39.00 per application form submitted.

VAC passport handling fee is SGD 32.00 per application submitted via Immigration ONLINE.

Return courier fee charges: www.vfsglobal.com/newzealand/singapore/

If you are paying for multiple visa applications you only need to complete one form to give authorisation for payment of all fees.

PAYER'S CREDIT CARD DETAILS: ☐ Mastercard ☐ Visa

Name on credit card : _____

Credit Card Number : _____

Credit Card Expiry Date : _____

APPLICATION DETAILS & FEES

Name as shown in passport	Passport Number	Type of Visa	Amount (SGD)
VAC service fee (per application form)	SGD 39.00	X	
VAC passport handling fee (per application form)	SGD 32.00	X	
Return courier fee** (based on the country of the communication address)			
TOTAL TO BE CHARGED TO CREDIT CARD			

Important Note: You only need to pay the VAC fee that applies to you - you do not need to pay both.

For applications with more than four (4) applicants please attach another form.

PASSPORT(S) RETURN ADDRESS (Courier company cannot deliver document to PO Box address)

**** If the below section is not completed, passports and/or documents will be returned to the communication address as provided in the visa application form.**

Contact Number(s)	
Physical Return Address	

I hereby authorize VFS Singapore Pte Ltd to charge the credit card, indicated in this authorization form, with the fees specified. This authorization form is for the services described above in payment of amount indicated above. I confirm that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature of cardholder

Date

VAC Officer Use Only

Name of Authorised Staff member: _____ Date: _____

Signed:

AMOUNT CHARGED BY VAC:

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