

To the: **Electives Program, Sackler Faculty of Medicine, Tel-Aviv University**
69978 Tel-Aviv, Israel

PAYMENT FORM: TAU elective handling fee (fill in BLOCK LETTERS)

(The following Credit Card including CVV should be valid at least 6 months after the end of this elective !)

Family name (same as in my Elective Application Form) _____

First name (same as in my Elective Application Form) _____

Email _____ @ _____

The following will be quoted & charged only upon acceptance to this TAU electives program

for my **Elective Application No.** _____

in the amount of **EUR € =** _____ **for the entire period of my elective.**

In the only currency (**Put ✓**): Israeli ₪ (); EUR € (); \$ USA ().

Payment card Number:

_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____/_____

Valid until: Month _____ **/** **Year** _____ **/**

I will get an Email to give you the numbers of the CVV=Credit Valuation Value from the back of the above Credit Card –(DO NOT WRITE IT NOW!) .

Details of the above Payment Card owner:

Family NAME **As written on payment card** _____

First NAME **As written on payment card** _____

Passport No. of **Non Israeli** payment card _____

ID No. **for an ISRAELI** payment card _____

Email _____ @ _____

Telephone/s _____

Billing country _____

Applicant Signature

_____ **Date** _____