To the: Electives Program, Sackler Faculty of Medicine, Tel-Aviv University 6997801 Tel-Aviv, Israel

PAYMENT FORM: TAU elective handling fee (fill in BLOCK LETTERS only)
The following <u>Credit Card</u> including <u>same CVV</u> : the No. on the back, should be <u>valid at least 6 months after the end of this Elective !</u>
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 \in = for the entire period of my elective.
In the only currency (Put <mark>√):</mark> 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 -(<u>DO NOT WRITE IT NOW</u> !) .
Details of the above Payment Card owner:
Family NAME exactly as written on payment card
First NAME exactly 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