REPUBLIC OF BOTSWANA

Parks and Reserves Reservation Office
P. O. Box 131
Gaborone
Botswana
Tel: +267 3180774 Fax: +267 3180775 E-mail: dwnp@gov.bw

To: _____ **Date: ----------**
Fax No: _____ **Pages: ----------**

AUTHORITY TO DEBIT CREDIT CARD FOR PAYMENT OF ACCOUNT

Full Name: _____
Address: _____
_____
_____
Telephone _____
Fax _____
E-mail _____

For: Department of Wildlife and National Parks
Reservation ref: _____
Amount (BWP) :_____**(NONE REFUNDABLE)**

Please would you kindly complete the following authorization and fax it back to facilitate us to debit your credit card to the amount indicated above.

CREDIT CARD AUTHORIZATION

I hereby authorize the Department of Wildlife and National Parks to debit my credit card for payment of the above reservation for overnight camping facilities in National Parks and Game Reserves.

Amount (BWP) ☐ ☐ **Master card** ☐ **Visa card**

Card expiry date: ☐☐☐☐☐☐

Card number:

☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last 3 digits on the strip on the back of your card: ☐☐☐

……
Signature **Date**

Thank you.
Yours Faithfully

_____
Reservations Officer

NB: NO REFUND FOR THE MONEY PAID