

| I/We, (Name) for (Company's Name) hereby authorise <b>GS1 Singapore Limited</b> to debit the |              |
|----------------------------------------------------------------------------------------------|--------------|
|                                                                                              |              |
| on <u>15 May 2015</u> for payment.                                                           |              |
| Category                                                                                     | Fees         |
| ECR SG/GS1 Members Rate                                                                      | S\$88.00     |
| SMF Members/ Partner's Rate                                                                  | S\$108.00    |
| Standard Forum Rate/ Non-Members Rate                                                        | S\$128.00    |
|                                                                                              |              |
|                                                                                              |              |
| (All fees are inclusive of 7% GST) pax x fees = S\$                                          | (Total fees) |
|                                                                                              | _ ( ,        |
| Credit Card Type: (Please select credit card):                                               |              |
| Visa Mastercard                                                                              |              |
| Credit Card                                                                                  |              |
| Number:                                                                                      |              |
|                                                                                              |              |
| Expiry Date (MMYY):                                                                          |              |
| Cue dit Coud Haldow's Names                                                                  |              |
| Credit Card Holder's Name:                                                                   |              |
| Signature:                                                                                   |              |
|                                                                                              |              |
| Designation:                                                                                 |              |
|                                                                                              |              |
| Company Stamp:                                                                               |              |
| Information                                                                                  |              |
| Please complete the authorisation form and fax to <b>6826 3070</b> or email to:              |              |
| contact@gs1.org.sg                                                                           |              |

www.gs1.org.sg