



Royal Colleges of Physicians of the United Kingdom

Card Payment Form

CANDIDATE DETAILS

Candidate name _____

Code number Date of birth - -
D D M M Y Y Y Y

EXAMINATION DETAILS

- MRCP(UK) Part 1 Examination
 MRCP(UK) Part 2 Written Examination
 MRCP(UK) Part 2 Clinical Examination (PACES)

Date of Examination _____ Diet _____

CARD/PAYMENT DETAILS

Visa Mastercard Delta¹ Maestro/Switch¹

Card no.

Valid from
M M Y Y

Expiry date
M M Y Y

Issue no.
(Maestro/Switch)

Security no.²

Cardholder name _____

Cardholder signature _____

Contact telephone no. _____

I authorise the Royal Colleges of Physicians of the United Kingdom to debit my account with the following amount³:

£

Notes:

1. Delta or Maestro/Switch card payments are not accepted by the Glasgow College.
2. The Security No. is the last three digits on the back of your card. The security no. must be provided.
3. Current examination fees are published on our website at www.mrcpuk.org.

FOR OFFICE USE

Date received _____ Amount processed _____

Initials _____ Date processed _____