



Cards Department

## Online Transaction Authorization Form (OTAF)

Date:

| Particulars  |  |
|--|--|
| Cardholder's Name:   |  |
| Card Number:   |  |
| Beneficiary Name:  |  |
| E-Commerce website address:                                  |  |
| Website URL address<br>(product/service's specific address): |  |
| Foreign Currency amount:                                     |  |
| Details of products/services to be purchased:                |  |

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Signature