

Student Number (if applicable):

Contact Phone Number:

E-mail address:

Payment Purpose:

LLM Other (please specify)

Payment methods

l wish to pay by:			
Cheque (in AU	ID) – Made out to The College o	of Law	
Visa	Mastercard	Amex	
Card Number:			
Cardholder's Name	e:		
Expiry Date: CCV Code:		CCV Code:	Amount to be charged to card: \$
Signature*:			
Electronic Fu	*Please print this form and sign a nds Transfer (EFT) ⁺ deposit in	-	sert a digital signature
Account name Bank name: BSB No: Account No: Bank Address:	National Australia Bank 082 212 164 281 531 32 Willoughby Road, Cro	ws Nest, 2065 nd subject code in the transfer co	mments
Name:			

Amount paid: \$ Date Banked: (DD/MM/YYYY)

Return forms to:

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