



CONSERVATION AND FISHERIES DEPARTMENT
MINISTRY OF NATURAL RESOURCES & LABOUR
GOVERNMENT OF THE VIRGIN ISLANDS

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Please complete this form and return by facsimile authorizing the use of your credit card (number as shown below) for the following purpose:

I _____ hereby authorise to charge the agreed amount listed below to my credit card provided.

Credit Card Type: Visa MasterCard

Credit Card Number: _____

Expiration Date: _____

Card Identification Number *(last 3 digits located on the back of the credit card)*: _____

Amount to Charge: \$ _____ (USD)

Cardholder Name: _____
(please print)

Signature (cardholder) _____ Date _____

ALL INFORMATION WILL REMAIN CONFIDENTIAL