|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **EXTERNAL INFORMATION ACCESS UNIT** | | | | | | | | | | | |  | | | | | | | | | | | | |
| This form is to be completed when paying by Credit Card for access to information under the provisions  of the *Government Information (Public Access) Act 2009* (GIPA Act) | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICANT DETAILS** | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** |  | **Family Name** | | | |  | | | | | | | **Given Name/s** | | | | | |  | | | | | |
| **Company Name** (If applicable) | | | | | | | | | | | | | | | | | | | **ABN** | | | | | |
|  | | | | | | | | | | | | | | | | | | |  | | | | | |
| **Telephone No** | |  | | | | | | | | | **Mobile No** | | |  | | | | | | | | | | |
| **Email Address** | |  | | | | | | | | | | | | | | | | | | | | | | |
| **PAYMENT** | | | | | | | | | | | | | | | | | | | | | | | | |
| Please select the reason for making this payment and select/input the payment amount | | | | | | | | | | | | | | | | | | | | | | | | |
| **🞎 Access Application**  **🞎 $30** | | | | | | | | | | **🞎 Internal Review**  **🞎 $40** | | | | | | | | | | | | | | |
| **🞎 Advance Deposit**  **50% Initial Payment** | | | | | **$** | | | | | **🞎 Advance Deposit**  **Final Payment** | | | | | | | | | | **$** | | | | |
| Insert amount above | | | | | Insert amount above | | | | |
| **Note:** this Completed Credit Card Payment Form must be attached to your application | | | | | | | | | | | | | | | | | | | | | | | | |
| **CREDIT CARD AUTHORITY** | | | | | | | | | | | | | | | | | | | | | | | | |
| Please debit my credit card to the amount of | | | | | | | | **$** | | | | | | | | | | | | | | | | |
| Insert amount above | | | | | | | | | | | | | | | | |
| **Card Type** | | | | **🞎 MasterCard** | | | | | | | | | | | **🞎 Visa Card** | | | | | | | | | |
| **Credit Card Number** | | | |  | | | | | | | | | | | | | | **Expiry Date** | | | | |  |  |
| Month | Year |
| **Cardholder Name** | | | |  | | | | | | | | | | | | | | | | | | | | |
| Please print | | | | | | | | | | | | | | | | | | | | |
| **Cardholder Signature** | | | |  | | | | | | | | | | | | | **Date** | | | | |  | | |
| **Note**: By signing as the cardholder, you confirm that you are the owner or authorised signatory of the Credit Card and details of the same provided above and you acknowledge that it is an offence to provide false or misleading information. | | | | | | | | | | | | | | | | | | | | | | | | |
| The NSW Police Force is collecting this information so that we can process the fees for your GIPA Access Application or Internal Review request. We will process the request using a secure interface with Westpac Banking Corporation,  and will not disclose the information to any other third party. | | | | | | | | | | | | | | | | | | | | | | | | |
| **OFFICE USE ONLY** | | | | | | | | | | | | | | | | | | | | | | | | |
| **IASU No** | | |  | | | | **Date** | |  | | | | | | | **Receipt No** | | | | |  | | | |
| **🞎 Payment Successful** | | | | | | | **🞎 Payment Unsuccessful** | | | | | | | | | **Date** | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |