



HONG KONG BAPTIST UNIVERSITY
ACADEMIC REGISTRY

Transcript/Testimonial Fee (Credit Card Payment Form)

Student Information:

Name: _____ Student No.: _____
(Surname) (Other Name)

Correspondence Address: _____

Telephone No.: _____ Fax No.: _____

Email Address: _____

Type of Credit Card (Please ✓)

Visa Card Master Card

Credit Card No.: _____

CVV (Visa) / CVC (Master) Code: _____
(The LAST 3 digits of numbers printed on the signature field at the back of the credit card)

Card Holder Name: _____

Expiry Date: _____

Transcript/Testimonial/Postage Fee: HK\$ _____
(Please do not change the payment to other currency.)

Signature: _____
(Please use authorized signature as shown on your credit card.)

Date: _____

Please submit this form to the Academic Registry either by mail or by fax.

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Address: Hong Kong Baptist University, Academic Registry, Kowloon Tong, Hong Kong.

Undergraduate Studies : Fax: (852) 3411-7373 Phone: (852) 3411-7847

Postgraduate Studies : Fax: (852) 3411-5133 Phone: (852) 3411-5127

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