



CHIVA-SOM INTERNATIONAL ACADEMY
11th Floor, Modern Town Building, 87/104 Sukhumvit 63 Road, Wattana Bangkok
10110 Thailand
Tel: (66 2) 711 5270/3 Fax: (66 2) 711 5274

AUTHORIZATION LETTER

To : _____ **From :** _____
Attn : _____ **Fax No :** _____
Fax No : _____ **Date :** _____

This is to authorize Chiva-Som International Academy to charge the expenses of
(Name of Cardholder) _____ for
(Name of Course) _____ schedule
on _____

At the amount of _____ representing (pls.underline) 50% / 100%
of the course fee to my credit card.

Credit Card details are as following:

Credit Card Type : _____
Card Number : _____
Card's Holder's Name : _____
Expiry Date : _____

Please kindly note that the deposit will remain valid for a period of 1 year from the
commencement of the course and is transferable to any alternative course within this
period. **All fees are non refundable.**

Cardholder's Signature (please sign)

Date:



Our bank account details:

Bangkok Bank (Thonglor Branch)

Account name: Chiva-Som International Health Resorts Co., Ltd.

Account number: 206-0-351190

Saving Bank

Address: 162 Soi Thonglor (Sukhumvit 55)

Klongton Nua, Wattana, Bangkok 10110

Swift Code: BKKBTHBK

Bank Transfer fees are to be paid by prospective students

Please advise the payment by sending us a copy of **your bank** transfer slip when the amount **has been transferred for both** of our records.

You enrollment is confirmed once payment has been received by Chiva-Som Academy

Please note : If you require a receipt, please notify us below with your current address :

Name :

Address

Country :