

PAYMENT FORM

Please complete and return with payment, if appropriate.
 ITEMS MARKED * ARE ESSENTIAL

Name of purchaser* (please print)		
Address*:		
Postcode*		
Daytime telephone number		
Email address*		
Payment is for:		
Payment reference:	Brief description:	Amount:
TOTAL:		

- I will make payment directly to the Faculty Bank Account (please see details at bottom of page)

Paying by BACS: Account name: Faculty of Occupational Medicine
 Sort Code: 30-93-68
 Account number: 17715068
 BIC code: LOYDGB 21028
 IBAN: GB91 LOYD 3093 6817 7150 68

Please ensure you quote your invoice No/FOM membership No/surname as the reference when paying by BACS

OR

- I will phone the FOM office to make payment by credit/debit card – 020 3116 6905. We are unable to accept Diners Club cards