

SIGNATURE ON FILE AUTHORISATION FORM

I, (Name of Card Member) hereby authorise M/s Natesan's Antiquarts P Ltd, 76 Mahatma Gandhi Road, Bangalore - 560 001, India; to charge my Card for an amount of Rs. _____ towards the purchase of the following goods / services.

- 1. Name of the goods / services :
- 2. Card Number :
- 3. Card Expiry Date :
- 4. Billing Address :
- 5. Telephone Numbers (Residence) : (Office) :
- 6. Mobile Number :
- 7. Present Address :

- 8. Present Telephone Numbers :

I understand that the Record of Charges in respect of the goods / services received / availed submitted by you to American Express Bank Ltd, Travel Related Services will neither bear my signature nor the imprint of my American Express Card and I therefore undertake to unconditionally honour and pay without demur and contestation, the said charges, as and when I am billed for the same by the American Express.

Thanking you

Yours Sincerely

(Signature as it appears on the American Express Card)

N a m e :

D a t e :

PS : Please enclose a photocopy of the front and backside of the American Express Card.