Pallas GlobalHealth

NAVIGATOR Insurance Brokers Ltd.
Unit 8E, Golden Sun Centre, 223 Wing Lok St, Sheung Wan, Hong Kong
Tel : +852 2530 2530 | Fax : +852 2530 2535
Email : crew@navigator-insurance.com | www.navigator-insurance.com

Premium Payment

☐ **Cheques/ Banker's Drafts** US$ ☐ HK$ ☐

Cheques should be drawn on a Hong Kong or United States clearing bank and made payable to "GlobalHealth Asia Limited"

☐ **Bank Transfer**

For direct premium remittances, please send full payment (inclusive of all bank charges) to:

Intermediary Bank

ABA No.:	026009593
Recipient Bank:	Bank of America N.A., New York USA CHIPS UID 009953
Account No.:	6550-4-90452
Swift Address:	B0FAUS3N

Beneficiary Bank

Bank:	The Bank of East Asia, Limited. Hong Kong
Account Holder:	GlobalHealth Asia Limited
Account No.:	015-521-50-00132-1 (US$ Account)
Swift Address:	BEASHKHH (SWIFT MT103)

Note:
1. All bank charges will be borne by the remitter
2. Please indicate your Policy Number as a payment detail to your banker
3. Please fax (+852 2526 0769) or email the bank remittance advice or instruction slip with your Policy Number to GlobalHealth for our accounting records and to issue an Official Receipt.

☐ **Credit Card**

I/we, the undersigned, authorise you to charge my credit card for payment of Pallas GlobalHealth insurance premiums:

Visa ☐ MasterCard ☐

US$ ☐ HK$ ☐

Card No.: _____ Expiry Date (mmyy): _____

Issuing Bank: _____

Card Holder's Name: _____

I also authorise GlobalHealth Asia Limited, until further notice in writing, to charge my credit card with unspecified amounts in respect of my annual premium payments as and when these become due. GlobalHealth Asia Limited will inform me in advance of any premium adjustments.

Do you wish to opt for automatic credit card billing for future renewals? ☐ Yes ☐ No

Signature _____ Date _____

Liberty Insurance
Member of Liberty Mutual Group

GlobalHealth®