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CREDIT CARD PAYMENT FOR INITIAL/ REINSTATEMENT PREMIUM

Select the box that applies

☐ MasterCard ☐ Visa ☐ Initial Premium ☐ Reinstatement Premium

Name of Insured	Given Name(s)		
	Surname		
Name of Cardholder	Given Name(s)		
	Surname		
Card Number		Expiry Date	(mm/yyyy)
Relationship to Insured			
Signature of Card Holder	X	Date	(dd/mm/yyyy)
Amount Paid	HKD (USD Premium @ USD)		
Policy Number (If known)			
Office ID			
Special Instructions			

Please refer to the conditional receipt which accompanies this credit card authorization for the terms under which this credit card payment is received.

For Office Use Only

Date Received	(dd/mm/yyyy)
Policy Number	
Input Date	(dd/mm/yyyy)
Input By	
	USD HKD

TLB 033HKE CCA 0913