

VISA Credit Card

Reimbursement Form

Please complete this form in **BLOCK CAPITALS** using black ink, and email to claims@william-russell.com. Please note that, for your security and privacy, we will destroy this form once your claim has been processed. You will need to complete a new form each time you submit a claim.

Your personal details

Full name:

Plan number (if applicable): Email:

Mobile number: Home number:

Credit card details

I would like the reimbursement for my claim to be paid to the following VISA credit card:

Please note we can only make payment to a VISA card. Settlement can be provided in US Dollars, GBP Sterling or Euros.

Currency in which you would like to be reimbursed: ☐ US Dollars ☐ GBP Sterling ☐ Euros

Card number: Start date: Expiry date:

Name as it appears on your card:

Address to which your card is registered:

Signature

Name of claimant:

Signature of claimant: Date:

William Russell Ltd.

William Russell House
The Square, Lightwater
Surrey, GU18 5SS, UK

T +44 1276 486460
E claims@william-russell.com
william-russell.com

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