

PAYMENT INSTRUCTION AND AUTHORISATION

Account No.: _____ Policy No. : _____

Type of Card: VISA Master Card American Express

Name of Cardholder (In block letters): _____

Issuing Bank: _____

Premium Amount (HK\$): _____

Credit Card Account No.: _____

Card Expiry Date: _____

I hereby authorise Allied World Assurance Company, Ltd to charge my insurance premium to the above credit card account.

Cardholder's Signature: _____

(Signature must be the same as that used for your credit card account)

Date (Day/Month/Year): _____

N.B. Allied World Assurance Company, Ltd reserves the right at any time at its sole discretion to collect any premium payment by cash or cheque notwithstanding this authorisation and your proposal to pay by credit card.

For Official Use

Name of Insured: _____ Effective Date: _____

Completed By: _____ Date: _____