

CREDIT CARD PAYMENT FOR INITIAL/ REINSTATEMENT PREMIUM

Select the box that applies

<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Initial Premium <input type="checkbox"/> Reinstatement Premium			
Name of Insured	Given Name(s)		
	Surname		
Name of Cardholder	Given Name(s)		
	Surname		
Card Number	<input type="text"/>		Expiry Date <input type="text"/> (mm/yyyy)
Relationship to Insured	<input type="text"/>		
Signature of Card Holder	<input type="text"/>		Date <input type="text"/> (dd/mm/yyyy)
Amount Paid	HKD	(USD Premium @ USD)
Policy Number (If known)	<input type="text"/>		
Office ID	<input type="text"/>		
Special Instructions	<input type="text"/>		

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	<input type="text"/> (dd/mm/yyyy)		
Policy Number	<input type="text"/>		
Input Date	<input type="text"/> (dd/mm/yyyy)		
Input By	<input type="text"/>		
	USD	HKD	