

FWD General Insurance Company Limited
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富衛保險有限公司
香港中環德輔道中308號
富衛金融中心7樓



TO : FWD General Insurance Company Limited

Credit Card Payment Authorisation

Please settle the premium of following policy(ies)/endorsement :-

Name of Policyholder : _____
Policy No. : _____
Invoice No. : _____
Debit Amount : HK\$ _____

Payment Instructions :-

Type of Credit Card : VISA MASTERCARD

Cardholder's Name (*in English*) : _____

Credit Card No. : _____

Expiry Date : _____

I hereby authorise FWD General Insurance Company Limited to charge my above credit card account for the premium of the above policy(ies).

Cardholder's Signature

Date