

FWD General Insurance Company Limited
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TO : FWD General Insurance Company Limited

RENEWAL INSTRUCTION

With Credit Card Payment Authorisation

Please renew the following insurance policy(ies) :-

Name of Policyholder : _____

Policy No. : _____

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 renewal premium of the above policy(ies).

Cardholder's Signature

Date