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PAYMENT INSTRUCTION AND AUTHORISATION

Account No.:				Poli	cy No.	:	
Type of Card:	VISA		Master	Card		American Express □	
Name of Card	holder (In	block l	letters):				
Issuing Bank:							
Premium Amo	ount (HK\$)	:					
Credit Card Ad	ccount No	.:					
Card Expiry D	Card Expiry Date:						
I hereby author above credit ca			Assuranc	e Com	ıpany, I	Ltd to charge my insurance premium to the	
Cardholder's S	Signature:						
(Signature mu	st be the	same a	as that use	ed for y	our cre	edit card account)	
Date (Day/Mor	nth/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:					_ Effec	ctive Date:	
Completed By:					Date:		