

TO: _____
FROM: _____
Your TEL/FAX: _____
Your Email Address: _____

CREDIT CARD CHARGE AUTHORISATION

Policy Holder Name: _____
Member Number: _____ Plan Number: _____

As confirmation that you would like to pay your premium by Credit Card, please complete the following:

Purpose of submission: Payment for outstanding premium(s)
 Replacement for the current credit card mandate (Effective from _____)
 Other Message / Instruction Here:

Card Type: Visa MasterCard American Express

Cardholder's Name: _____
(as it appears on your card):

Credit Card Number: _____

Expiry Date: _____ / _____
Last 3 digits from the signature strip (Visa/Mastercard)
4 digit number above the main card number (Amex): _____

My card billing address is: _____

Authorisation:

I hereby authorise the card account specified above may be debited with the current premium due, and all subsequent renewal premiums due, as notified by InterGlobal until I give notice in writing that I wish to terminate this agreement. I understand that InterGlobal will give at least 6 weeks notice of renewal, and that the premiums may vary each year. I understand that InterGlobal cannot be held liable if my plan is lapsed should the credit card be declined and I do not respond to requests for alternative methods of payment.

Cardholder's Signature

Today's Date

PLEASE FAX/POST THIS FORM TO:

InterGlobal Insurance Company Limited
The Woolmead, Farnham,
Surrey, GU9 7TT
United Kingdom
Tel: +44 (0) 1252 745 910
Fax: +44 (0) 1252 745 920

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Singapore 068902
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