

CREDIT CARD PAYMENT FOR INITIAL/ REINSTATEMENT PREMIUM

Hong Kong Branch Office

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Insurance Brokers Ltd. Insurance State St

	☑ Select the box	that applies
☐ MasterCard ☐ V	/isa	
Name of Insured	Given Name(s)	
	Surname	
Name of Cardholder	Given Name(s)	
	Surname	
Card Number	Expiry Date (mm/	уууу)
Relationship to Insured		
Signature of Card Holder	X Date L (dd/mm	/уууу)
Amount Paid	HKD (USD Premium @ USD)	
Policy Number (If known)		
Office ID		
Special Instructions		
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	(dd/mm/yyyy)	
Policy Number		
Input Date	(dd/mm/yyyy)	

HKD

USD

Input By