

# CREDIT CARD PAYMENT FOR INITIAL/ REINSTATEMENT PREMIUM FORM

☒ Select the box that applies

<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> Initial Premium	<input type="checkbox"/> Reinstatement Premium
Name of Insured	Given Name(s)		
	Surname		
Name of Policy Owner (if different from Insured)	Given Name(s)		
	Surname		
Name of Cardholder	Given Name(s)		
	Surname		
Card Number	<input type="text"/>	Expiry Date	<input type="text"/> (mm/yyyy)
Relationship to the Insured* (Please tick one of the box if cardholder is different from Policy Owner/Insured)	<input type="checkbox"/> my spouse <input type="checkbox"/> my parent <input type="checkbox"/> the company of which I am the director or shareholder		
Signature of Card Holder	<input type="text"/>	Date	<input type="text"/> (dd/mm/yyyy)
Amount Paid	HKD (USD Premium @ USD )		
Policy Number (If known)	<input type="text"/>		
Office ID	<input type="text"/>		
Special Instructions	<input type="text"/>		

\* Initial Premium - please complete Section 18 - Payor Details on Life Insurance Application Form  
Reinstatement Premium - please complete Third Party Payment Declaration Form (Payment Submission)

## For Office Use Only

Date Received	<input type="text"/> (dd/mm/yyyy)
Policy Number	<input type="text"/>
Input Date	<input type="text"/> (dd/mm/yyyy)
Input By	<input type="text"/>
	<div>USD</div> <div>HKD</div>