



Orient Insurance PJSC

CREDIT CARD AUTHORIZATION FORM

First Premium Debit Instruction

I hereby authorize Orient Insurance PJSC to charge my credit card for my premium payment as follows -

➤ Name of the Applicant/Life Assured _____

Sr. No	Proposal/Policy No.	Premium Amount	Currency	Frequency
1			<input type="checkbox"/> AED <input type="checkbox"/> USD*	<input type="checkbox"/> One Time payment

Immediate Premium Debit Date -

D	D	M	M	Y	Y	Y	Y
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Renewal Premium Debit Instruction

Sr. No	Proposal/Policy No.	Premium Amount	Currency	Frequency
1			<input type="checkbox"/> AED <input type="checkbox"/> USD*	Annual <input type="checkbox"/> Semi Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly

➤ Collection From

D	D	M	M	Y	Y	Y	Y
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 till Card Expiry or

M	M	/	Y	Y
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Premium will only be collected on this specified date if it is a working day or else on next working day.

Credit Card Details -

➤ Name as it appears on the card: _____

➤ Card No:

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➤ Type of Card : Visa MasterCard Expiry date:

M	M	/	Y	Y
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➤ Mobile No : _____ Email : _____

Third Party Premium Payment Declaration (In case Card holder is different from Life Assured)

➤ Name of the Payer - _____ (Please attach passport or Identity Proof Copy)

Parent Spouse Grand Parent Brother/Sister Assignee of policy Employer of Company

Others (Please Specify) - _____

Reason for paying the premium on behalf of life Assured _____

I hereby declare that the above information given by me is true and correct. Request you to accept the remittance.

I, the undersigned, authorize the amount shown above to be charged to my credit card. Charges will appear on my credit card statement under the name of Orient Insurance PJSC, and I accept full financial responsibility for payment as per the Terms of Use. Further I am also enclosing the front side copy of the Credit Card.

Applicant /Life Assured Signature:..... **Card Holder's Signature**_____

Place :- _____ Date :- _____

*The Current USD conversion rate is 3.68. Orient Insurance PJSC reserves the right to revise the USD conversion rate without prior intimation to the Life Assured.

Life Department Approval

Verified and approved by : _____

Date :

D	D	M	M	Y	Y	Y	Y
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System Ref Number

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