

# CREDIT CARD DEBIT INSTRUCTION FORM



## PARTICULARS OF CREDIT CARDHOLDER DETAILS

Cardholder's Name

NRIC/Passport No.  -  -   Old NRIC No.  Birth Certificate No.

Nationality  Malaysian  Singaporean / Bruneian  American  Others

Correspondence Address

Postcode

City

State / Country

Residential Address (Must be a Malaysian address)

Postcode

City

State / Country

Occupation  Nature of Business

Name of Employer

Employer Address

Postcode

City

State / Country

At least one contact number must be provided

Residential Tel. No.  Employer/Business Tel. No.

Mobile Tel. No.  Email

Credit  Debit Type of Card  MasterCard  VISA

Card No.  -  -  -  Card Expiry Date  /  (MM)/(YY)

Card Issuing Bank

## APPLICATION DETAILS

Proposal / Policy No. (In Full)  -

Full Name of Proposer

Full Name of Life to be Assured



Relationship  Self  Spouse  Child  Parent  Siblings

Purpose of payment  For Premium Payment

I, the abovementioned Cardholder hereby expressly authorize FWD Insurance Berhad (Please tick where appropriate):-

**A INSTRUCTION FOR ONE-OFF TRANSACTION**

- i. **New Business First Premium**  
upon submission\* or approval of the Life Insurance proposal or acceptance of a counter offer (as the case may be) of FWD Insurance Berhad, to charge the premium via the credit / debit card stated above.  
  
\* By Agency only
- ii. **Automatic Premium Loan Repayments/Financial Alterations (Please delete accordingly)**  
to charge the payment (s) in respect of the Policy (ies) stated above.
- iii. **Application for Reinstatement of Policy**  
upon approval of the Application towards the Reinstatement for Policy (ies) below or acceptance of a counter offer made by the FWD Insurance Berhad, to charge the above mentioned card, the deposit towards reinstatement for the Policy(ies) stated above.
- iv. **Premium Due on**  
to charge the payment(s) of premium due on \_\_\_\_\_ in respect of the Policy(ies) stated above.

**B INSTRUCTION FOR RECURRING PAYMENTS**

- Recurring Payment (s)**  
to charge all premiums for Policy(ies) stated above, as and when due to my abovementioned credit / debit card subject to the terms of the policy contract.

I, further hereby declare / agree / undertake the following:-

- (a) ensure that my credit / debit card account has sufficient funds for the execution of the transaction(s),
- (b) the transaction(s) for payment to FWD Insurance Berhad shall be subject to the acceptance by FWD Insurance Berhad whereupon I and / or the policy owner shall be informed in writing by FWD Insurance Berhad of the governing procedures and the verification/authorization from the issuing bank of the credit / debit card,
- (c) take full responsibility for any transaction(s) arising from the use of the said credit / debit card in payment to FWD Insurance Berhad,
- (d) shall notify FWD Insurance Berhad in writing of changes to the credit / debit card number and expiry date as well as any changes to the credit / debit card which may affect the payment transaction,
- (e) that either I or FWD Insurance Berhad may terminate this instruction by giving the other a 30 days written notice, and I shall forward all payments due directly to FWD Insurance Berhad,
- (f) shall indemnify FWD Insurance Berhad against all losses, damages, expenses, claims and demands which FWD Insurance Berhad may incur or sustain by reason or as a result of processing the transaction(s),
- (g) FWD Insurance Berhad shall not be held responsible or liable for any claim, loss, damages, cost, interest and expenses arising from the unsuccessful processing of the transactions / debits due to insufficient funds, malfunctions of system, electricity failure and any other factors beyond the control of FWD Insurance Berhad, including but not limited to the wrongful transactions / debits of my account due to inaccurate information provided to FWD Insurance Berhad where upon I shall forward premiums due directly to FWD Insurance Berhad.

Signed at \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DD/MM/YYYY

Location

\_\_\_\_\_

Cardholder's Signature

\_\_\_\_\_

Proposer/Assured's Signature

Proposal / Policy No. (In Full) \_\_\_\_\_ - \_\_\_\_\_

- Note
- 1. The Company shall at its sole and absolute discretion, reserve the right to impose charges on prevailing rates due to cancellation of transacted premium(s) payment upon request by cardholder.
  - 2. The Company shall not disclose the Personal Information without the prior consent of the Cardholder.
  - 3. The Cardholder has the right to access his Personal Information and shall be allowed to make any update or correction through a written request to the Company and the Company has the right to impose a fee for this purpose.
  - 4. The Company shall take reasonable steps to protect the Personal Information from any unauthorized access or misuse and in ensuring accuracy of the Personal Information at all times.

For FWD Insurance Berhad Use only

Received / Processed By : \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ DD/MM/YYYY