

CREDIT CARD AUTHORISATION FORM

PLEASE READ ALL INSTRUCTIONS BEFORE SIGNING THE FORM

Kindly fill all details in **BLOCK LETTERS** only.

The instructions of the Policyholder are valid till the Company receive instructions to the contrary in writing Photocopy of front side of credit card must be enclosed with the form.

In case the transaction is declined, the policyholder is liable to pay the outstanding premium by cash or cheque to keep the policies in force.

The Company reserves the right to withdraw the said facility without assigning any reason whatsoever. The signature of the credit cardholder should be in the form as it appears on the credit card.

*Marked are mandatory fields to be filled.

*Name of Policyholder

*Application No. Policy No.

Premium Mode

Amount (In Rupees)

I wish to pay my premium to Generali Central Life Insurance Company Limited through a debit to my Credit Card on my premium due date.

CREDIT CARD DETAILS

*Name of Credit Cardholder

*Relationship to the Policy holder ☐ Self ☐ Others (please specify)

*Credit Card type ☐ Visa ☐ Master

*Credit Card No.

*Credit Card Expiry Date Month Year

*Issued by Name of the Issuing Bank

I understand and agree:

1. That the premium payment in respect of the Life Insurance policy with Generali Central Life Insurance Company Limited ('Company') will be charged to the credit card account nominated by me as above, at the interval indicated by me, in the proposal form of life insurance. In the event of a change in premium, the amount that will be debited will be the premium as applicable which may be different from the premium paid by me till date. I agree and accept that no fresh authorisation will be required and taken for different premium being debited to my credit card.
2. To inform the Company, in writing, if the nominated credit card account is cancelled, substituted or not renewed and to make alternate arrangement to pay premium to the Company on or before the due date to keep the policy/ies in force. I undertake to submit fresh mandate in case of credit card subscription renewal.
3. To unconditionally honour and pay without contest, the premium amount when I am billed for the same by the aforementioned issuing bank.

I hereby declare that I understand and agree to the above terms and conditions.

*Signature of the Policyholder

*Signature of Credit Cardholder

Date

Place