



شركة عُمان للتأمين (ش.م.ع.)
Oman Insurance Company (P.S.C.)

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Web Site: www.oicem.com - Email: life@oicem.com

**CREDIT CARD
AUTHORIZATION FORM**

INSTRUCTIONS: Use black ink. Write legibly in block letters and check (✓) the appropriate box (□) where applicable.

1. POLICY DETAILS	LIFE Policy No. : <table border="1" style="width:100%; height:30px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Policy Owner's Name : _____																				
2. CREDIT CARD DETAILS	Credit Card Number: <table border="1" style="width:100%; height:25px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Expiry Date: _____ / _____ (mm/yy) Bank's Name: _____ Modal Premium (in figures):AED/USD _____ Modal Premium (in words):AED/USD _____ Credit Card Holder's Name: _____ Note: Credit Card Holder shall be the Policy Owner himself or an immediate family member of the Policy Owner. Immediate family member shall mean only the <u>parent or spouse</u> of the Policy Owner.																				
3. DEBIT FREQUENCY	<input type="checkbox"/> One-Time Debit <input type="checkbox"/> Regular Debit* *If Regular Debit, please indicate frequency: <input type="checkbox"/> Annual <input type="checkbox"/> Semi-Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly Note: If two modal premiums are not honoured due to any reason, this authorization stands invalid.																				
4. AUTHORIZATION	I hereby authorize Oman Insurance Company (P.S.C.) to debit my Credit Card in accordance with the preferred mode of payment towards the due premium. For regular debit, this authorization shall be true until this order is cancelled or replaced with another credit card in writing. <table style="width:100%;"><tr><td style="width:60%; text-align:center">_____ Policy Owner's Signature</td><td style="width:40%; text-align:center">_____ Date</td></tr><tr><td style="width:60%; text-align:center">_____ Credit Card Holder's Signature (If other than the Policy Owner)</td><td style="width:40%; text-align:center">_____ Date</td></tr></table>	_____ Policy Owner's Signature	_____ Date	_____ Credit Card Holder's Signature (If other than the Policy Owner)	_____ Date																
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FOR OFFICE USE ONLY

Remarks:

Received by: _____

Branch/Office: _____

Date/time: _____