



RHB Insurance Berhad

Please charge the premium payment to my



VISA

Card Number:

CVV Number:

Card Expiry Date:
Month Year

Name of Issuing Bank:

Premium Amount: RM.....

Name of Cardholder:

Name of Policyholder:

Tel No:

Policy No:

.....
Signature of cardholder

.....
Date

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon in accordance with the terms of the cardholder's agreement governing the use of the card.

**Card Verification Value (CVV) No. of the last 3 digits on the reverse side of the credit card.*