LONPAC INSURANCE BHD (307414-T)

INSTRUCTION TO DEBIT CREDIT CARD ACCOUNT

Name :	Telephone No.(O) :
	(H) :
Agent No :	Hand Phone No :
	Fax No :

Policy/Cover Note/Endorsement No.	Amount (RM)
1	
2	
3	
4	
5	
Total Amount To Debit :	

I hereby authorise Lonpac Insurance Bhd to debit my Credit Card Account for the premium of the above policies/cover note/endorsements.

Card No.

VISA ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

MASTER ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐ - ☐☐☐☐

Expiry Date ☐☐ - ☐☐
M M Y Y

Cardmember's Name : _____

Cardmember's Signature : _____ Date : _____
(Signature must correspond with Card Account)

FOR OFFICE USE		
Payment Cleared	☐ YES ☐ NO	
Transaction Date		Receipt No : ☐☐☐☐☐☐☐☐
Attended By		

Lonpac Branch **PENANG OFFICE**
Address :

Tel. No :
Fax No :