
Renewal Confirmation
Credit Card Payment Authorisation Form



續保確認書
信用卡付款授權書

TO : FWD General Insurance Company Limited

致 : 富衛保險有限公司

Please renew the following insurance policy(ies):

請續保以下之保單:

Name of Policyholder

保單持有人姓名

:

Policy No.

保單編號

:

Payment Due

應繳金額

:

HK\$

港幣

Payment Instructions

付款指示

:

Type of Credit Card

信用卡種類

:

VISA

MASTERCARD

Cardholder's Name (*in English*)

持卡人姓名

:

Credit Card No

信用卡號碼

:

Credit Card Expiry Date

信用卡有效期至

:

I hereby authorise FWD General Insurance Company Limited to debit my above Credit Card Account for the payment due of the above policy.

本人茲授權富衛保險有限公司從我上述指定的信用卡賬戶扣除上述列明之保單應繳金額。

Cardholder's Signature

持卡人簽署

Date

日期