
**RENEWAL INSTRUCTION
CREDIT CARD PAYMENT AUTHORISATION FORM**



TO : FWD GENERAL INSURANCE COMPANY LIMITED

PLEASE RENEW THE FOLLOWING INSURANCE POLICY(IES) :-

NAME OF POLICYHOLDER : _____

POLICY NO. : _____

DEBIT AMOUNT : _____

PAYMENT INSTRUCTIONS :-

TYPE OF CREDIT CARD : VISA MASTERCARD

CARDHOLDER'S NAME (IN ENGLISH) : _____

CREDIT CARD NO. : _____

EXPIRY DATE : _____

I HEREBY AUTHORISE FWD GENERAL INSURANCE COMPANY LIMITED TO CHARGE MY ABOVE CREDIT CARD ACCOUNT FOR THE RENEWAL PREMIUM OF THE ABOVE POLICY(IES).

CARDHOLDER'S SIGNATURE

DATE