



Credit Card Premium Payment Authorization Form

Applicant Information

Name of Policyholder / Agent		Client / Agent No.
		<input type="text"/>
Current Address		
E-mail Address		
Telephone No.	Mobile Phone No.	Email

Payment Details

No.	Policy/ Endorsement No.	Insured Name	Amount (Baht)
1.			
2.			
3.			
4.			
5.			

Total Charge Amount

In words (.....)

Credit Card Information

Cardholder's Name (as it appears on the credit card)	
Credit Card <input type="checkbox"/> KBANK Card <input type="checkbox"/> VISA <input type="checkbox"/> Master Card	
Card No.	Expiration Date
<input type="text"/>	<input type="text"/>

I request and authorize **King Wai Insurance PCL** to charge my card for premiums in the manner indicated above. I agree that if any card payment is dishonored, whether with or without cause and whether intentionally or inadvertently, **King Wai Insurance PCL** is not to be liable, including any fees imposed by bank, and such dishonor may result in forfeiture of coverage.

Signature of Cardholder	Date of Request
X	

I would like to collect receipts by:

<input type="checkbox"/> Please mail receipts to address	<input type="checkbox"/> as above	<input type="checkbox"/> as stated in receipts
<input type="checkbox"/> Pick up receipts at KWGI office.	<input type="checkbox"/> other (specify) _____	

Please complete the form and send :

Raphat.Siri@kwiasia.com ; Bulan.Yupi@kwiasia.com

FOR KWGI USE ONLY

Receipt issued by:	Branch:	Receipt No.:	Receipt Date:

KWI Insurance Public Company Limited

43 Thai CC Tower, 33rd Floor, South Sathorn Road, Yannawa, Sathorn, Bangkok 10120, Thailand
Tel: +662 624 1000 | Fax: +662 238 0836
Tax ID. 0107556000019 | www.kwii.com