



SWISS GLOBAL INSURANCE

CREDIT CARD DEBIT AUTHORIZATION FORM

Cardholder's address for the credit card

Street: _____

City: _____

Postal Code: _____

Country: _____

PAYMENT OF PREMIUMS

Payment frequency: Quarterly Half - Yearly Yearly

Would you like to do your payment by: VISA Mastercard

Card-Number: _____ Valid to: _____ / _____ CVC: _____

Card holder's name: _____

Please type name exactly same as written on your credit card

CREDIT CARD DEBIT AUTHORIZATION STATEMENT

I authorize SGI SA to debit my credit card account with unspecified amounts in respect of my current and renewal premium payments as and when these become due, until further notice. I understand that SGI SA will give me due notice of renewal and that the premiums may vary each year.

I agree that credit card payments are subject to a fee of 3% per transaction.

Date: ____/____/____

Cardholder's signature : _____

preceded by "Read and Approved"