

**Attention :( Name of the client)**  
**Method of Payment (Visa Card payment instructions)**

Date:     **DATE**    

Please debit my/our Electron/credit card with the total amount shown below for the purchase of below Insurance: (please tick applicable)

<input type="checkbox"/> MOTOR	<input type="checkbox"/> LIFE	<input type="checkbox"/> MEDLIB	<input type="checkbox"/> TRAVEL	<input type="checkbox"/> MEDICAL	<input type="checkbox"/> HOME UMBRELLA	<input type="checkbox"/> OTHERS PLEASE SPECIFY
--------------------------------	-------------------------------	---------------------------------	---------------------------------	----------------------------------	--	--

**Please note that the below mentioned is to be filled only incase of Non Electron Cards**

Amount:

(In words)

\_\_\_\_\_ AED:

.00Aed
--------

<input type="checkbox"/> VISA
-------------------------------

<input type="checkbox"/> MASTER
---------------------------------

Expiry Date:

--

--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Card Holder's Name \_\_\_\_\_ P.O. Box: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature \_\_\_\_\_

I/We hereby declare that the information given above is true and complete and request Oman Insurance Co. to issue the policy based on the information provided.

**FOR OFFICIAL USE (REQUIRED BY ACCOUNTS DEPARTMENT) Pls Fax Back On – 04 -2690060**

<b>CUSTOMER ACCOUNT CODE</b>				
<b>PURPOSE OF PAYMENT</b>	<b>PREMIUM PAYMENT</b>	<b>AGAINST RETURN CHEQUES</b>	<b>SETTLEMENT OF ACCOUNTS</b>	<b>SETTLEMENT OF DEBIT NOTE</b>
<b>CONTACT PERSON IN H.O. (PLEASE SPECIFY DEPT.)</b>			<b>DEPT.</b>	