

PAYMENT OF INSURANCE PREMIUMS BY CREDIT CARD

Return this form to Pantaenius by fax (+377 97 98 43 40) or mail.

IMPORTANT:

Insurance documents will not be sent until payment has been taken.
If the credit card holder is not the policyholder, please add a copy of the credit card holder's identity card, passport or driver's license. Do not forget to fill each field and to sign.

POLICYHOLDER' S INFORMATION:

Name _____

Address _____

Post Code _____ City _____

Customer No. _____

Date

Signature (Policyholder)

CREDIT CARD HOLDER' S INFORMATION

Credit card type: Master Visa Please tick as appropriate

Credit card holder' s name:
(in capital letters) _____

Credit card no. _____ _____ _____ _____

Expiry date _____

CVV/CVC Code* _____

** The last three digits after the card number on the back of the card or the last three digits in the signature field.*

Credit Card Authorization

I authorize Allianz Worldwide Care to charge my credit card account unspecified amounts in respect of premiums for my healthcare cover as and when these become due, until the instruction is cancelled by my giving written notice to Allianz Worldwide Care. I understand I will be given one month's notice of any premium increase.

Date

Signature (Credit card holder)