



**Liberty**  
**Insurance**<sup>TM</sup>

**CREDIT CARD PAYMENT AUTHORIZATION**

I/We hereby authorize and request Liberty International Insurance Ltd. to charge my/our credit card account listed below for the premium due, any unpaid premiums and subsequent renewal premiums, under Liberty Life Insurance Package – Term Life\* / Critical Illness\* / Personal Accident\* Insurance Policy, until further written notice from me/us.

*\*please delete as appropriate*

Name of Applicant: \_\_\_\_\_  
(please print in block letters)

Premium Payment in HKD

Amount of Premium Due: HK\$ \_\_\_\_\_ Monthly\* / Quarterly\* / Semi-Annual\* / Annual \*

*\*please delete as appropriate*

Visa\* / MasterCard\* Account No. *\*please delete as appropriate*

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Expiry Date: (credit card must be valid for at least 12 months in case of Monthly/Quarterly/Semi-Annual Payments)

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Issuing Bank: \_\_\_\_\_  
(please print in block letters)

Name of Cardholder: \_\_\_\_\_  
(please print in block letters)

Cardholder's Identification No. (#) \_\_\_\_\_  
(# HKID No./Passport No./Business Registration in case of company)

Signature of Cardholder:  
(must be the same as the specimen signature of the above credit card account)

Date of signing:

_____	dd	mm	yyyy
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Broker's Name :	
For Office Use:	
Policy No. _____	1 <sup>st</sup> Debit Date: _____ / _____ / _____ (dd/mm/yy)