

CREDIT/DEBIT CARD AUTHORISATION (AUTOPAY)
(VISA / MASTERCARD / AMEX)

Payment Instruction

I hereby authorise Etiqa Life Insurance Berhad to charge my initial and subsequent premiums payable from my Visa / MasterCard / Amex Card account.

In the event that my Visa / MasterCard / Amex Card account cannot be successfully debited and processed on a particular deduction date, I authorise Etiqa Life Insurance Berhad to re-attempt to charge the premium due from my Visa / MasterCard / Amex Card account on the subsequent deduction date(s).

I also agree to abide to the Terms & Conditions as specified overleaf and understand that no receipt will be issued for premiums paid through my Visa / MasterCard / Amex Card account.

Please charge my Visa / MasterCard / Amex Card as I have indicated below:

Cardholder's Name (As per IC/ID) _____

AmexCard No. _____ - _____ - _____ - _____ or _____

Visa/MasterCard No. _____ - _____ - _____ - _____ **Issuing Bank :** _____

Card Expiry Date _____ / _____ (MM/YY) **Card Type :** Credit Card Debit Card

		Premium Frequency				One-Time Deduction Amount (RM)
		Monthly	Quarterly	H-Yearly	Yearly	
Proposal/Policy No. (1)	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proposal/Policy No. (2)	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proposal/Policy No. (3)	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

		Relationship with Cardholder				
		Own	Spouse	Children	Parent	Brother/Sister
Policy Owner's Name (1)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Owner's Name (2)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy Owner's Name (3)	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Additional Cardholder's detail to be completed if Cardholder is not Policy Owner **WITH IC/ID COPY attached.**

***Cardholder's IC/ID No.** _____ (New) *Please attached IC/ID Copy
 _____ (Old/Passport/Army) ***Email :** _____

***Date of Birth** _____ / _____ / _____ (DD/MM/YYYY) ***Nationality :** _____

***Occupation** _____ ***Nature of Business:** _____

***Name of Employer** _____ ***Self-employment:** Yes No

***Cardholder's Tel No** _____ (H/P) _____ - _____ (House/Office)

Cardholder's Residential Address _____

Postcode _____ **State** _____ **Country** _____

X Cardholder's signature
(As per the signature on the Credit / Debit Card)

Date Signed : _____ / _____ / _____ (DD/MM/YYYY)

Note : Please complete the form and select which ever is applicable.

AGENT'S INFORMATION AND CONFIRMATION

I hereby certify that I have sighted and verified the relevant documents of the Cardholder's information and the relationship of Cardholder with the Policy Owner. I hereby confirm that all the particulars and/or information furnished by the Cardholder to Etiqa Life Insurance Berhad are true and correct and I have not withheld and/or misstated any particulars and/or information of the Card Holder(s) which might jeopardize the interest of Etiqa Life Insurance Berhad.

Agent Name _____ **Agent Code** _____

Agent Tel No _____ **Agent Email** _____

FOR ETIQA USE ONLY

Alt No : _____ **Data Entry By/ Date:** _____ **Verified By/ Date:** _____

FOR BANK USE ONLY (VALIDATION PURPOSE)

Particulars of Card holder checked & confirmed by : _____ Date : _____

TERMS AND CONDITIONS FOR CREDIT/DEBIT CARD AUTHORISATION (AUTOPAY) VISA / MASTERCARD / AMEX

In consideration of your agreement to accept my authorisation to you to debit my Visa / MasterCard / Amex Card account to pay for my insurance premium(s), I expressly agree to the following Terms and Conditions :

- 1) I authorise Etiqa Life Insurance Berhad to debit my Visa / MasterCard / Amex Card account for payment of my insurance premium(s) under the given Proposal / Policy Number.
- 2) The first debit will be made anytime from the date of submission of the Credit/Debit Card Authorisation (AutoPay) Visa / MasterCard / Amex Payment Instruction Form.
- 3) I shall accept full responsibility for all transactions arising from the use of my Visa / MasterCard / Amex Card for payment of my premium(s).
- 4) Etiqa Life Insurance Berhad shall not be held responsible or liable for any claims, loss, damage, cost and expenses arising from the successful processing of the debit due to exceeding credit limit, malfunction of the system, electrical failure and any other factors beyond the control of Etiqa Life Insurance Berhad.
- 5) Etiqa Life Insurance Berhad is only responsible for making arrangement to debit my Visa / MasterCard / Amex Card account through the Card Centre as authorised by me. Therefore, for any problems or disputes arising from the processing / debiting of my Visa / MasterCard / Amex Card account will be at my own responsibility to resolve it with my Card company.
- 6) I will ensure that Etiqa Life Insurance Berhad is notified in writing of any changes, loss or replacement of my Visa / MasterCard / Amex Card or cancellation of this authorisation at least one month before the next premium(s) due. Such changes or cancellation will become effective only after Etiqa Life Insurance Berhad has duly acknowledged receipt of such request.
- 7) Etiqa Life Insurance Berhad may at its absolute discretion at any time terminate the Visa / MasterCard / Amex Card debiting arrangement if the proposal / policy inactive.
- 8) Etiqa Life Insurance Berhad reserves the right to change the Terms and Conditions set out herein at any time or from time to time when circumstances warrant without giving prior notice to me.
- 9) The premium payment(s) that is/are payable will be considered as paid only upon successful processing of the debiting by the Card Centre.
- 10) The insurance coverage shall only commenced from the date of approval of the application subject to the full premium being paid according to terms and conditions specified in policy contract.
- 11) I/We agree and consent that Etiqa Life Insurance Berhad and/or its service providers may collect, use and process my personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with Etiqa Life Insurance Berhad's Privacy Notice as found at <http://www.etiqa.com.my/en/privacy-notice>
- 12) In the event of any conflict or discrepancy between these Terms and Conditions in English and Malay language, the English version shall prevail.