

## LETTER OF PERMISSION FOR PREMIUM COLLECTION FROM – CREDIT CARD

For safety of your crucial credit card information, please completely fill in the "LETTER OF PERMISSION FOR COLLECT PREMIUM FROM – CREDIT CARD" form with signature same as credit card holder name


Date \_\_\_\_\_


Card Holder Name \_\_\_\_\_

Phone no (Mobile) \_\_\_\_\_ (Office) \_\_\_\_\_

Credit Card #     –     –     –

Expiry Date   /   CVV2 #

Card Type     Issue Bank \_\_\_\_\_ Choose an item.

 Kasikorn Bank Credit Card

 Krunghai Bank Credit Card

 Krungsri Bank Credit Card

 Siam Commercial Bank Credit Card

Payment for  Non-Life Premium  Life Assurance Premium  Others

Insured Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Plate Number / others \_\_\_\_\_ Amount \_\_\_\_\_ Baht ( \_\_\_\_\_ )

I have the will and consent for Progress Multi Insurance Broker Co.,Ltd. to collect insurance premium from my credit card account as detailed above. Company assumes received premium payment after successfully receiving the money from the credit card issuer.

### Consent Signature

Cardholder's sign \_\_\_\_\_  
(Same name with Register Card)

Relationship to Insured person \_\_\_\_\_

Please attach required documents as following

1. In case if insured person is not the cardholder, please attach
  - 1.1 Copy of certify ID Card with cross consent "Allow for payment insurance premium for....."
2. In case of Juristic person :
  - 2.1 Cardholder must be director of the company
  - 2.2 Please attach Certificate of registration or Document with the authorized person as specified in company's affidavit

### For PMIB Officer

Confirm Time \_\_\_\_\_ Date \_\_\_\_\_  
(Voice Recorded)

Supervise by \_\_\_\_\_

QA Officer \_\_\_\_\_

Collector Officer \_\_\_\_\_

Sales Officer \_\_\_\_\_

Please fill the application and send back to **Miss Pawinee Janthawong**

Fax : **02-6768655** Phone : **02-6768602 , 02-6768619 , 02-6768622**

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