



Form 1 – Order for payment via card

Policy Number:

Card No	Expiry Date
Name of cardholder:	
Type of Card: Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	

To: General Insurance of Cyprus Ltd

By this order, I authorise General Insurance of Cyprus Ltd to charge the above card with the equivalent fee corresponding to the amount of the premium and credit the abovementioned Policy.

I agree that:

- 1) General Insurance of Cyprus Ltd is entitled, at its absolute discretion and without notice, to cancel this order in the event that payment cannot proceed due to unavailable funds.
- 2) It is understood that I have the right with a written notification addressed to General Insurance of Cyprus Ltd to cancel this order, as well as with a written mandate informing General Insurance of Cyprus Ltd not to proceed with a specific payment, which will be handed to General Insurance of Cyprus Ltd before making such payment.
- 3) In case of any change to the number of the above card or if it has been transferred to any other branch of the Bank, this order will continue to be valid.
- 4) In case of any change in any data I undertake to notify you in writing immediately.
- 5) The amount to be charged will represent the premium due in relation to the abovementioned Policy.
- 6) In case of a claim, the whole amount of the premium due will be offset against the claim amount, regardless of any payment agreement.

The premium will be paid in: 1 6 12 monthly instalments

Cardholder signature	Id. Card No.	Date
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