Let's stay Healthy

Apollo DKV Health Insurance

AUTHORISATION FOR PAYMENT THROUGH CREDIT CARD

Guidelines

- I hereby agree to make payments of premiums to, and and authorise Apollo DKV Insurance Company Ltd. (the Company) to debit the account with the amount of the premium as would be applicable for the insurance policy amount in favour of the Company.
- I understand and agree that the risk under the insurance policy will be assumed by the Company only after my credit card account is debited with the amount of the premium and not earlier.
- I hereby agree and confirm that the Credit Card issuing bank is not acting as an agent of the Company or myself in accepting the debit to the Credit Card account with the premium amount(s), or otherwise dealing with the premium amount(s) payable under the policy, in any manner.

Name of the Proposer : _____

Contact numbers _____ _____ _____ _____ _____ _____

STD Residence STD Office Ext. Mobile

E-Mail ID _____

Application No. / Policy No(s)

1. _____ 2. _____

Card Issuing Bank : _____

Credit Issuing No. : _____ _____ _____ _____ Card Expiry date: ____/____

M M Y Y

Amount (Rs).: _____

In the event of the above mentioned expiry date changing, a fresh form for authorisation of payment through Credit Card will have to be submitted at any of the Apollo DKV Insurance Company Ltd. branches.

Name of Credit Card owner _____

Relationship of Credit Card owner with Proposer _____

Signature of Credit Card Holder

Signature of Proposer

Notes:

1. Please enclose a photocopy of the front side of your credit card.
2. We accept only VISA and MASTER CARD.
3. The company reserves the right to make all payouts to the customer by way of reversing the collection transaction to the credit card account or making a separate payment and shall not be held responsible for any losses caused due to the same.

CUSTOMER'S ACKNOWLEDGEMENT

(To be torn, stamped, signed and given to customer)

Policy No. / Application No.(s).: 1. _____ 2. _____ 3. _____

Card Issuing Bank : _____

Credit Card No.: ____ / ____ / ____ / ____ Card Expiry date : ____/____

M M Y Y

- This is to acknowledge that you have opted for premium payment for the above mentioned policy/proposal through the credit card (card details mentioned above).
- Amount would be applied to the policy/proposal subject to realisation of the same by Apollo DKV Insurance Company Ltd.

Branch Stamp & Signature