MUTUAL&FEDERAL

Reg. No. 1970/006619/06
Authorised Financial Services Provider

If you wish to pay your insurance premiums monthly by credit card, please complete this form.

Card Number : | | | | | | | | | | | | | | | | |

CVV/CVC : | | | | (last 3 numbers on back of card

Type of Card : (Please tick the appropriate block)

Visa [V] Mastercard [M] Diners Club [D] American Express [A]

Only the above cards are acceptable.

Debit Cards including Electron/Maestro Cards are not acceptable

Name of Cardholder : | | | | | | | | | | | | | | | | | | | | | | | | |

Expiry Date : | M | M | Y | Y | Y | Y |

Please ✓ the date for the debiting of your monthly premiums:

1st	7th	16th

Insert imprint of Credit Card in the space provided below:

Signature of Cardholder: ______________________

Date: | D | D | M | M | Y | Y | Y | Y |