

## MASTERCARD / VISACARD DIRECT DEBIT AUTHORISATION

## TO: QBE INSURANCE (MALAYSIA) BERHAD

*Please o	delete whichever	is not applicable	1	T	1
Cardholder's signature			Dated :		
	•	elease contact your bank to opt in to on(s) cannot be performed by your b	-	it' transaction(s) with yo	ur debit card.
until the	enrolment has	ability of QBE INSURANCE (MALA) been accepted and the full premiun	n is charge to my Mas	ter / Visa * Credit Card.	
Premium a	amount (Inclusive	of SST and stamp duty)	: RM		
	d's Name nt from cardhol	der)	<u>:</u>		
Card Expiry Date			<u>:</u>		
	· ·	k (e.g. HSBC, SCB, MBB)			
Master / Visa Card no.			<u>:</u>		
Name of Cardholder			<u>:</u>		
	0 11 11				
•		INSURANCE (MALAYSIA) BERHA y Master / Visa* Credit Card.	0 71	•	, ,

Item	Account No.	Name of Insured/Agent	Policy No./ Cover Note No.	Amount (RM) Gross/Nett

TOTAL		