



# ECICS Limited

(Member of IFS Capital Group)

**ATTN: OPERATIONS DEPT / FINANCE DEPT**  
(FAX NO: 63389267)  
(TEL NO: 63374779)

## CREDIT CARD PAYMENT INSTRUCTION

Please charge the amount of S\$ \_\_\_\_\_ to my **VISA / MASTER\*** Card:

Credit Card No:     -     -     -

Expiry Date:   /     CVV Number:

Cardholder's Name: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_

Bank: \_\_\_\_\_

Date: \_\_\_\_\_

*\* Any Refund Payment pertaining to the below Policy shall be refunded through the above card.*

*\* Delete where applicable.*

## CUSTOMER DETAILS

Policyholder: \_\_\_\_\_

Contact No: \_\_\_\_\_ (H) \_\_\_\_\_ (HP)

Policy No: \_\_\_\_\_

Signature of Policyholder: \_\_\_\_\_