

CREDIT CARD



CONTINUOUS AUTHORITY TRANSACTIONS

HANSARD

To : Hansard Europe Limited, P.O. Box 43, Enterprise House,
Frascati Road, Blackrock, Co. Dublin, Republic of Ireland.

CREDIT CARD CHARGE AUTHORITY

†† Authority Code

| | | | | | | | |
|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|

I authorise you, until you receive further notice in writing, to charge my MasterCard/Eurocard/Visa[†] account with the amounts specified below in respect of premiums to my ¹

Policy Number:

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
|--|--|--|--|--|--|--|--|

Premium: ²

Currency: ³

Frequency*

Monthly

Quarterly

Half-yearly

Annually

Single

(Frequency must be the same as the Policy frequency)

N.B. Please ensure that your credit card issuer is aware of this instruction and that your daily limit will allow authorisation of this transaction.

Mr/Mrs/Miss/Ms[†] Cardholder Surname and Initials _____

Street Name and Number (address must agree with the card issuer's records) _____

Town _____ County _____

Country _____ Postcode

Number of Card* MasterCard Eurocard Visa

Expiry Date of Card

Signature _____

Date

| | | |
|-----|-------|------|
| day | month | year |
| | | |

Notes

Should your Policy fall into arrears, this form will allow Hansard Europe Limited to collect up to three premiums without seeking further written authority from you.

1. Specify policy name.

2. A handling fee (currently 2 %) will be added to each premium to cover charges imposed by the card issuer. If those charges change we reserve the right to change our handling fee accordingly without notice.

3. Please insert the currency in which the transaction is to be made.

* Please tick as appropriate.

† Please delete as appropriate.

†† Please leave blank, to be completed by Hansard Europe Limited.