

Date:

premium, if and where applicable.

charges as the case may be.

Credit Card Standing Order

AIA Life Insurance Premium payments

Mandate for Easy Payment Plan

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The Manager, AIA Insurance Lanka PLC,	
The Manager, NDB Bank PLC,	
I hereby authorize AIA Insurance Lanka PLC ("the Company") to debit a value of	Rs
from my credit card in payment of Annual Life Insurance Premiu	m
for the below mentioned life insurance policy on the due date commencing from//	
for years therefrom.	
Further I hereby authorize AIA Insurance Lanka PLC to debit my credit card any increased amou	nt
for the said Life Insurance Premium payment resulting from the year on year increase of the sa	id

I hereby authorize NDB Bank PLC ("the Bank") to debit my below numbered credit card and pay the abovementioned amount to the Company on due date/s (and any increased amount on subsequent due dates) as requested by the Company in settlement of the Annual Life Insurance Premium of the relevant Life Insurance Policy under the Easy Payment Plan. I understand that the said amount/s debited to my credit card are required to be repaid in twelve monthly instalments which would appear in my monthly credit card statement. I further declare that I understand and agree that in the event of my failure to settle the relevant monthly instalment to my credit card within the specified period as mentioned in the card statement for the respective month, such installment will attract interest at the standard prevailing rate of interest or any other

I will keep AIA Insurance Lanka PLC informed of any change to the expiry date of my credit card and in the event the credit card number is changed and I will provide a new Credit Card Standing Instruction Form to AIA Insurance Lanka PLC accordingly.

I hereby declare and agree that AIA Insurance Lanka PLC will not be responsible for carrying out my instructions relating to the above stated premium settlement in the event my afore-mentioned credit card is de-activated for any reason whatsoever.

I further declare and agree that I will indemnify and keep indemnified and hold AIA Insurance Lanka PLC free and harmless against any claim, action, demand, writs, summons, suits, proceedings, orders, decrees, costs and expenses of any nature whatsoever or other liability, damage, judgement, penalty or fine which may arise from carrying out my instructions provided here.

Further I hereby declare that I have fully understood the terms and conditions applicable to the Easy Payment Plan as offered to me and agree to abide by them.

	Master card		Visa Card			Expiry Date
				Month	Year	
NIC o	f Card Holder					
Card N	lo:					
Name	indicated on the	card:				
-	older's name	1.				
(with in Felepho E-mail A	,	/ Office		Mobile	e:	
NOTES	S:					
1.	limit of the cree	dit card will		mount paid. Su	ich blocked am	'the Company") the credit count will be released by
2.	receipt, of the I return the prem will be returned refunds will be respect to the I	Policy Docurium for any to the Bank made to the Easy Payme harges from	ment from the Compa reason whatsoever, the after deducting releva e customer/cardholder nt Plan (if any) will be	nny"), or the Co e respective pre ant charges as n . In such an ev e released by th	mpany decides mium payments nentioned in the ent, the credit I e Bank accordii	by within 21 days from the to cancel the policy and is made via the credit card is Policy Document and no limit already blocked with ngly. If the Company has ired to settle such amount
3.	payment option	to another pa		ect to their relev	ant insurance po	ge the insurance premium olicy, only after a period of yment Plan
4.	Insurance Prem	ium prior to				respect to the Annual Life I inform the Bank and the
5.	correctly carried	d out. Any o		warded to AIA	Insurance Lank	emium payment has been a PLC and/or your Bank ties.

Cardholder's Signature

Policy Holder's Signature (If differ from card holder)