

FORM FOR POLICY PREMIUM PAYMENTS BY CREDIT CARD

ASSURED'S NAME / SURNAME : _____

CARD HOLDER'S NAME / SURNAME: _____

CARD HOLDER'S ID NUMBER : _____

CARD HOLDER'S BIRTH DATE : DAY: MONTH: YEAR:

ADDRESS : _____

TELEPHONE NUMBER (*) : OFFICE : _____ Gsm : _____

CARD TYPE : MASTER () VISA () OTHER ()

CARD NUMBER (*) :

EXPIRATION DATE : / SECURITY CODE

BANK'S NAME : _____

BROKER'S CODE / NAME : _____

ENDORSEMENT NO (*) : _____

	PAYMENT DATE	AMOUNT
1. INSTALLMENT	___ / ___ / ___	_____
2. INSTALLMENT	___ / ___ / ___	_____
3. INSTALLMENT	___ / ___ / ___	_____
4. INSTALLMENT	___ / ___ / ___	_____
TOTAL AMOUNT	:	_____

(*) Shall be filled in compulsorily.

TOTAL PAYMENT AMOUNT(WITH LETTERS) : _____

I hereby agree to be debited for above-stated amount in relation to the mentioned policy/endorsement and undertake that I shall act upon grounds spesified within the content of this form unless otherwise is instructed by myself in writing.

DATE : ___ / ___ / _____

SIGNATURE

Dear Card Holder,

Please fill in this form delicately to avoid any consequences that may arise against you. Please carefully fil lup the payment date and sums in line with the payment plan on the policy/endorsement.

Upon signature of this form, you hereby accept, declare and undertake that TURK P ve I Sigorta AS shall be fully authorized in collecting premiums, advance payments installments specified in the policy once due. The premium shall be deemed as collected on the date when premium is withdrawn from your bank account. Therefore, remember to hold your credit card account suitable for collection.

In order to provide continuousness of insurance cover as well as to receive timely indemnity payments where Turk P ve I Sigorta AS is liable, please check whether the payment orders are made in order through your bank credit card statements.

Please immediately notify TURK P ve I SİGORTA AS collection department through contact details below (*), in case of where your credit card is terminated, stolen, lost our out of balance and where the provision cannot be collected for this reason. We kindly request the payment for overdue premiums to the bank account of TURK P VE I SIGORTA AS.

Otherwise, without any further notice or reminder the policy shall be automatically null and void and TURK P VE I SIGORTA AS shall be fully and irrevocably released from any liability whatsoever based on Turkish Commercial Code, Code of Obligation, Policy terms and insurance contract.

(*) 0850 420 81 36, TURK P VE I SIGORTA AS Accounts Department or "maliisler@turkpandi.com"

Please save this form for presentment when necessary.

Best Regards,

TURK P VE I SIGORTA A.S.

Head Quarters Address :Muhittin Ustundag Cad. No:21 Kosuyolu / ISTANBUL
Tel : (0850) 420 81 36 Fax: (216) 545 03 01 Kadikoy VD. No: 8760626568