

I hereby authorize Cayman First Insurance Company Limited to charge my account for insurance premiums until further notice. This includes any changes in premium.

Commencement Date	<b>and the 1<sup>st</sup> of every month thereafter.</b>		
Policyowner			
Policy ID		<b>Policy Renewal Date:</b>	(MM/YYYY)
Monthly payment amount	<b>CI\$</b>	<b>US\$</b>	(Conversion Rate .82)

Type of Card	Please check one: <input type="checkbox"/> CREDIT <input type="checkbox"/> DEBIT		
	Please check one: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD		
Name on Card			
Card Number			Expiry Date (MM/YYYY)
Contact information for Cardholder	Cell	Work	Home
	Email		
	Postal Address		

*By signing this authorisation, I acknowledge that I have read and agree to all of the above information and warrant all information given is true.*

\_\_\_\_\_

Authorised Signature
Date  
(DD/MM/YYYY)

**FOR OFFICIAL USE ONLY**

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Name of Cayman First's Representative
Signature
Date  
(DD/MM/YYYY)

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