

CREDIT/DEBIT CARD AUTHORISATION (AUTOPAY)
(VISA / MASTERCARD / AMEX)

Payment Instruction

I hereby authorise Etiqa Family Takaful Berhad to charge my initial and subsequent contributions payable from my Visa / MasterCard / Amex Card account.

In the event that my Visa / MasterCard / Amex Card account cannot be successfully debited and processed on a particular deduction date, I authorise Etiqa Family Takaful Berhad to re-attempt to charge the Contribution due from my Visa / MasterCard / Amex Card account on the subsequent deduction date(s).

I also agree to abide to the Terms & Conditions as specified overleaf and understand that no receipt will be issued for contributions paid through my Visa / MasterCard / Amex Card account.

Please charge my Visa / MasterCard / Amex Card as I have indicated below:

Cardholder's Name (As per IC/ID) _____

AmexCard No. _____ - _____ - _____ - _____ or _____

Visa/MasterCard No. _____ - _____ - _____ - _____ **Issuing Bank :** _____

Card Expiry Date _____ / _____ (MM/YY) **Card Type :** Credit Card Debit Card

		Contribution Frequency				One-Time Deduction Amount (RM)
		Monthly	Quarterly	H-Yearly	Yearly	
Proposal/Certificate No.	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proposal/Certificate No.	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Proposal/Certificate No.	_____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

		Relationship with Cardholder				
		Own	Spouse	Children	Parent	Brother/Sister
Certificate Owner's Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate Owner's Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certificate Owner's Name	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Additional Cardholder's detail to be completed if Cardholder is not Certificate Owner **WITH IC/ID COPY attached.**

***Cardholder's IC/ID No.** _____ - _____ - _____ (New) *Please attached IC/ID Copy

(Old/Passport/Army) ***Email :** _____

***Date of Birth** _____ / _____ / _____ (DD/MM/YYYY) ***Nationality :** _____

***Occupation** _____ ***Nature of Business:** _____

***Name of Employer** _____ ***Self-employment:** Yes No

***Cardholder's Tel No** _____ - _____ (H/P) _____ - _____ (House/Office)

Cardholder's Residential Address _____ **Postcode** _____ **State** _____ **Country** _____

X Cardholder's signature
 (As per the signature on the Credit / Debit Card)

Date Signed : _____ / _____ / _____

Note : Please complete the form and select which ever is applicable.

AGENT'S INFORMATION AND CONFIRMATION

I hereby certify that I have sighted and verified the relevant documents of the Card Holder's information and the relationship of Card Holder with the Certificate Owner. I hereby confirm that all the particulars and/or information furnished by the Card Holder to Etiqa Family Takaful Berhad are true and correct and I have not withheld and/or misstated any particulars and/or information of the Card Holder(s) which might jeopardize the interest of Etiqa Family Takaful Berhad.

Agent Name _____ **Agent Code** _____

Agent Tel No _____ **Agent Email** _____

FOR ETIQA USE ONLY

Alt No : _____ Data Entry By/ Date: _____ Verified By/ Date: _____

FOR BANK USE ONLY (VALIDATION PURPOSE)

Particulars of Card holder checked & confirmed by : _____ Date : _____

TERMS AND CONDITIONS FOR CREDIT/DEBIT CARD AUTHORISATION (AUTOPAY) VISA / MASTERCARD / AMEX

In consideration of your agreement to accept my authorisation to you to debit my Visa / MasterCard / Amex Card account to pay for my takaful contribution(s), I expressly agree to the following Terms and Conditions:

- 1) I authorise Etiqa Family Takaful Berhad to debit my Visa / MasterCard / Amex Card account for payment of my takaful contribution(s) under the given Certificate / Proposal Number.
- 2) The first debit will be made anytime from the date of submission of the Credit/Debit Card Authorisation (AutoPay) Visa / MasterCard / Amex Payment Instruction Form.
- 3) I shall accept full responsibility for all transactions arising from the use of my Visa / MasterCard / Amex Card for payment of my contribution(s).
- 4) Etiqa Family Takaful Berhad shall not be held responsible or liable for any claims, loss, damage, cost and expenses arising from the successful processing of the debit due to exceeding credit limit, malfunction of the system, electrical failure and any other factors beyond the control of Etiqa Family Takaful Berhad.
- 5) Etiqa Family Takaful Berhad is only responsible for making arrangement to debit my Visa / MasterCard / Amex Card account through the Card Centre as authorised by me. Therefore, for any problems or disputes arising from the processing / debiting of my Visa / MasterCard / Amex Card account will be at my own responsibility to resolve it with my Card company.
- 6) I will ensure that Etiqa Family Takaful Berhad is notified in writing of any changes, loss or replacement of my Visa / MasterCard / Amex Card or cancellation of this authorisation at least one month before the next contribution(s) due. Such changes or cancellation will become effective only after Etiqa Family Takaful Berhad has duly acknowledged receipt of such request.
- 7) Etiqa Family Takaful Berhad may at its absolute discretion at any time terminate the Visa / MasterCard / Amex Card debiting arrangement if the certificate / proposal inactive.
- 8) Etiqa Family Takaful Berhad reserves the right to change the Terms and Conditions set out herein at any time or from time to time when circumstances warrant without giving prior notice to me.
- 9) The contribution payment(s) that is/are payable will be considered as paid only upon successful processing of the debiting by the Card Centre.
- 10) The takaful coverage shall only commenced from the date of approval of the application subject to the full contribution being paid according to terms and conditions specified in certificate contract.
- 11) I/We agree and consent that Etiqa Family Takaful Berhad and/or its service providers may collect, use and process my personal information (whether obtained in this form or otherwise obtained) and disclose such information in accordance with Etiqa Family Takaful Berhad's Privacy Notice as found at <http://www.etiqa.com.my/en/privacy-notice>
- 12) In the event of any conflict or discrepancy between these Terms and Conditions in English and Malay language, the English version shall prevail.