COCOLIFE			
CREDIT CARI Cardholder's Name / Policyholder's	D PAYMENT ENROLLMENT FORM - Name Credit Card Number	One Time	curring Card Expiry Date
,	(o Visa o Mastercard	I o JCB o AMEX)	Card Name
Telephone Number	Mobile Number E	mail Address	
Premium Amount			Policy Number
Effective Due Date of Charging		Frequency of Billing (from date of effectivity) o Monthly o Quarterly o Semi-Annual o Annual	
Cardholder's Billing Address		Requirements: - Photocopy o	f Valid ID
			Authorized USD Use Only
Signed at(Place)	On (Transaction Date)	Verified by:	
		Signatui Note:	re over Printed Name
Cardholder's Signature over Printed	I Name		
** For Promo Sales Operations Accounts Business Day.	- If due date falls on a Weekend or Holiday, billir	 ng may be processed bef	fore the due date on a Regular
POL_ADMIN-028-0314-5	Prepare in 2 co	opies (1 – HO; 2 – Policyholder)	

(COCOLIFE			
CREDIT CARD PAYME	NT PAYMENT ENROLLMENT FORM	- D One Time	☐ Recurring
Cardholder's Name / Policyholder's Nam	credit Card Number (o Visa o Mastercard	o JCB o AMEX)	Card Expiry Date Card Name
Telephone Number	Mobile Number Email Address		<u> </u>
Premium Amount			Policy Number
Effective Due Date of Charging	Frequency of Billing (from date of effect o Monthly o Quarterly o Semi-An		Duration of Billing
Cardholder's Billing Address		Requirements: - Photoco	opy of Valid ID
		For BOS/Agen	t/Authorized USD Use Only
Signed at(Place)	on (Transaction Date)	Verified by:	
		Signat Note:	ture over Printed Name
Cardholder's Signature over Printed Nan	ne		
** For Promo Sales Operations Accounts - If o Business Day.	due date falls on a Weekend or Holiday, billin	g may be processed b	efore the due date on a Regular
POL ADMIN-028-0314-5		Prepare in 2	copies (1 – HO; 2 – Policyholder)