

Malayan Golfer's Insurance Package ENROLLMENT FORM

NAME of Assured : _____
(Family Name) (First Name) (MI)

Home Address : _____
_____ Telephone No. : _____

Civil Status : _____ Age : _____

Date of Birth : _____ No. of Children : _____

Home Ownership : Owned Rented

Name of Company : _____

Address : _____

Position : _____ Telephone No. : _____

Description of Clubs:

Wood Brand / Model : _____
No. of pcs. : _____
Iron Brand / Model : _____
No. of pcs. : _____
Putter Brand / Model : _____
No. of pcs. : _____

Please indicate desired plan:

Par Birdie Eagle
Payment Mode Cash Check

Bank : _____ Check No. : _____

Credit Card
 VISA CARD MASTER CARD JCB CARD

Bank : _____

Card Number : _____

Expiry Date : _____

CVC Number : _____

(The CVC No. is the last digit found on top of the signature panel on the reverse side of the card)

Paylite 3 Months 6 Months
Installment Plan: 9 Months 12 Months

I hereby authorize Malayan Insurance Company, Inc. to debit the premium from my Credit Card Account, according to the Plan I indicated above.

Cardholder's Name : _____

Contact Number : _____

Date : _____

Signature _____ Date _____

Please send this form to Malayan Insurance Co., Inc. or Fax it through **241-2139**
CAS-A024-1008-8