

HSBC Insurance Brokers Limited

Please enroll me for the undermentioned policy/policies. I am agreeable to the respective charges being debited from my HSBC Card given below, towards the premium for the policy/policies.

Secure Wallet Travel Protect

Primary Cardholder

Mr./ Ms. _____
(as appearing on Card)

Date of Birth _____

HSBC Card No. _____

Expiry Date: _____

Supplementary Cardholder

Mr./ Ms. Name _____
(as appearing on Card)

Date of Birth _____

HSBC Card No. _____

Expiry Date: _____

Address: _____ Emirate: _____

P.O. Box _____ Mobile: _____

Off/Res. Tel: _____

Premium Amt.: Secure Wallet: US\$ 65.00 per annum/Card

Premium Amt.: Travel Protect: US\$ 65.00 per annum/Card

Total Amt. of Premium payable: US\$ _____

Signature: _____ Date: _____

This insurance is arranged through HSBC Insurance Brokers Limited registered under Federal Law No. (9) of 1984, Certificate No. 82 and underwritten by American Life Insurance Company, General Insurance Division, Dubai, UAE. The Cardholder will not hold the Bank responsible whether for compensation, processing of claims or otherwise, Please allow 3 weeks from date of receipt of application form for processing and receipt of Certificate of Insurance.

PLEASE COMPLETE THE FORM AND FAX BACK TO +971 4 3244638

