



Name of the policy owner (if different from the credit cardholder)

[illegible]

☐ I give my consent to Raffles Health Insurance Pte Ltd and Bupa Global to store my below card details on file and using them to process payments

You will be given 14 days' notice of other unspecified amounts to be collected.

Cardholder's name as it appears on the card																				
Card number													Expiry/end date	M	M	/	Y	Y		

Cardholder's signature				Date			
				D	D	M	M
				Y	Y	Y	Y

[illegible]