PAYMENT FORM

NAME.....
...
ADDRESS.....
...
.....POST
CODE.....
TELEPHONE
(OFFICE).....EXT.....(HOME).....

TOTAL AMOUNT PAYABLE.....BAHT / YEAR

***I WOULD LIKE TO PAY THE TOTAL PREMIUM AS FOLLOW ***:-

- ☐ MONEY ORDER PAYABLE TO BUPA HEALTH INSURANCE (THAILAND) LTD.
- ☐ CHEQUE ACCOUNT PAYEE ONLY PAYABLE TO BUPA HEALTH INSURANCE (THAILAND) LTD.
- ☐ MONEY TRANSFER TO SAVINGS ACCOUNT NO. 101-575081-1 BANGKOK BANK, HEAD OFFICE (PLEASE SEND PAY-IN COPY TO ACCOUNTS DEPARTMENT BY MAIL OR FAX : 0-2632-0678)
- ☐ MONEY TRANSFER TO SAVINGS ACCOUNT NO. 799-2-51638-5 THAI FAMER BANK, PHOHOLYOTHIN BRANCE(PLEASE SEND PAY-IN COPY TO ACCOUNTS DEPARTMENT BY MAIL OR FAX : 0-2632-0678)
- ☐ MONEY TRANSFER TO SAVINGS ACCOUNT NO. 065-2-23004-3 SIAM COMMERCIALBANK, SILOM BRANCE(PLEASE SEND PAY-IN COPY TO ACCOUNTS DEPARTMENT BY MAIL OR FAX : 0-2632-0678)
- ☐ CREDIT CARD

O VISA O AMERICAN EXPRESS O MASTER CARD O BANGKOK BANK
O THAI FARMERS BANK O SIAM COMMERCIAL BANK

CARD NO. ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

The last 3 digit number for **Master Card** or 4 digit number for **Amex** appearing on the Signature panel

☐☐☐☐ EXPIRY DATE ☐☐ / ☐☐

NAME ON CARD.....

..... SIGNATURE

...../...../..... DATE