



MUI Continental Insurance Berhad (29123-D)



CITIBANK INTEREST FREE INSTALMENT PAYMENT PLAN FORM



Yes ! I would like to enjoy the monthly interest free instalment payment plan

MY PERSONAL PARTICULARS

Name (Mr/Mrs/Ms/Mdm/Dr) : _____

I.C No (New) : _____ I.C. (Old) : _____

Contact No :

Home : _____ Office : _____ Mobile : _____

MY CREDIT CARD DETAILS

Credit Card No : _____ Expiry Date : _____

MUI CONTINENTAL INSURANCE

Branch : _____ 3 instalments 6 instalments 9 instalments 12 instalments

Total Amount : RM _____ (Minimum Premium RM1,000.00)

DECLARATION AND SIGNATURE

I hereby authorize Citibank Berhad to debit my Credit Card Account. I confirm and agree that the above is subject to the Terms and Conditions stated below.

(Cardmember's Signature)

(Date)

FOR MUI CONTINENTAL INSURANCE OFFICE USE ONLY

Authoriser Name : _____ Approval Code : _____

Amount (pls specify full amount : RM _____ Date : _____