



THIS FORM MAY BE USED IN CONJUNCTION WITH REGULAR PREMIUM POLICIES AND SUPERSEDES ANY PREVIOUS INSTRUCTIONS HELD.

***IMPORTANT NOTES**

- 1) When your current card expires or is replaced, please notify us, by completing a new Direct Charge Authority.
- 2) Please note that for existing subscription we will claim the payment from your card up to six days before the month end due date. For new applications the monthly rate due date will be automatically advanced six days from the date inserted above to allow sufficient time for the premium to be collected.
- 3) If you amend your premium, a new Direct Charge Authority form will need to be completed and returned to us.
- 4) If a payment is declined, we will automatically inform you by letter, and request a duplicate payment the following month, along with any other premium that may be due (no more than 2 premiums will be collected each month until premiums are up to date).
- 5) Please note, some credit cards cannot be used outside their country of issue, and therefore we strongly recommend that you contact your card issuer to ensure your card can be used in this instance.
- 6) Upon signature of this form, the credit card holder agrees that Comercializadora AEGIS Fund S.A. will charge his/her credit card on a monthly basis for the amount and time specified in the Subscription Form, or until written cancellation has been submitted to Comercializadora AEGIS SA by the credit card holder.

I authorise you to debit my

MasterCard VISA

Credit Card Number

Credit Card expiry date ⁽¹⁾

Nº	Month	Year
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With the sum of ⁽²⁾

figures	words	US\$
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In respect of premiums for my Subscription Number

Collected on the (new applications only) ⁽³⁾ And on the same day until further notice or cancelled in writing ⁽⁴⁾

Nº	day	month	year	<input type="checkbox"/> monthly	<input type="checkbox"/> quarterly
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Name and Address of Account holder (as held by Credit Card provider)

Surname		First name	
Street			
Country	Postcode	City	

Date	Signature
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