

# Payment Change Request Form

Please Select One Option	Type of Action	Sections to Complete
	I would like to change my premium frequency.	1 and 2
	I would like to update my credit card details.	1 and 3
	I would like to change my premium payment method from bank standing order to credit card.	1 and 3
	I would like to change my premium payment method from credit card to bank standing order.	1 and 4
	I would like to change my bank account details.	1, 4 and 5

# Section 1. Policy Details

Policy number

		First Polic	cyholder		Second Policyholder						
Title	Mr Mrs Miss Other			Ms	Mr Other	Ms					
Surname (as shown on ID / passport)											
First name (as shown on ID / passport)											

# Section 2. Payment Frequency Change

Please complete this section if you would like to change your **premium frequency mode**.

Current premium frequency mode	Monthly	Quarterly	Semi-Annually	Annually		
New premium frequency mode	Monthly	Quarterly	Semi-Annually	Annually		

## Authorisation

I/We authorise Providence Life Limited, PCC, until further notice in writing, to change my/our premium frequency mode at the next premium collection date.

	First Policyholder		Second Policyholder		
Signature					
Date (DD-MM-YYYY)	-	-	-	-	

### Section 3. Card Payment Method

Credit cards can only be used for regular premiums. If you wish to make a single premium payment, please use a different payment method. For assistance regarding our bank details, contact us at admin@providence.life.

As a part of the enhanced security card checks, we will create a token to collect your premiums. This involves your card provider placing a temporary hold of \$1 (or currency equivalent) on your card to verify that Providence is genuine. This hold will be released once the verification is complete, and the \$1 (or currency equivalent) will be refunded to your card. You may receive an SMS or email from your card company regarding this hold. Providence cannot determine the exact text that your credit card company will use.

We can only accept Visa or Mastercard issued by a regulated bank.

#### Authorisation

I authorise Providence Life Limited, PCC, until further notice in writing to debit my credit/debit card account, as detailed below, with unspecified amounts in respect of the premiums for my Providence Life Limited, PCC policy as and when they fall due and in respect of any charges for the collection of the premiums by credit/debit cards that are passed onto me by Providence Life Limited, PCC.

Details of current rates of charges are available on request. Please note that Providence Life Limited, PCC is not liable for any losses arising as a result of action taken by the card holder's credit card company.

Card Details													
Type of Card (We do not accept prepaid or exchange credit cards)	,	Visa		Mas	tercard	d							
Name of bank issuer													
Currency of card													
Country of issue													
Credit card expiry date (DD-MM-YYYY)			-		-								
Credit card number													
Card holder's name													
Card holder's email address													
Card holder's address (As held by credit card company)													
I understand that Providence Life Limited, PCC mmy policy. I understand that this authority in favo													
Card holder's signature													
							Date ([	DD-MM-	-YYYY)				
									-		-		

# Section 4. Bank Standing Order Payment Method

Authorisation

I authorise Providence Life Limited, PCC, until further notice in writing, to change my/our current method of payment to bank standing order as detailed below, in respect of the premiums for my Providence policy as and when they fall due and in respect of charges for collection of the premiums by bank standing order that are passed onto me by Providence.
Bank name
Bank address
IBAN (Bank A/C number if IBAN not available)
SWIFT code
Account holder's name
Years account held
*If the account is held for less than 1 year then the previous bank details are also required. Please photocopy this page and attach if necessary.  Please tick this box if additional information is attached.
Account holder's signature
Date (DD-MM-YYYY)
Section 5. Declaration
State reason(s) for change in bank account.

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